**NCPA TRAINING CLINIC/SHOW SUNDAY FEBRUARY 10th**

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| SEC USE | CLASS/SESSION NO. | HORSE/PONY NAME | HEIGHT | YEAR FOALED | BREED/PASSPORT NO. | OWNER | RIDER NAME AGE |   | NCPA REG. NO. | ENTRY FEE £ |
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NAME…………………………………………**NCPA 2019 MEMBERSHIP NUMBER**…………………**FIRST AID PER RIDER/HANDLER £…...** ADDRESS………………………………………………….CHEQUES PAYABLE TO NCPA **MEMBERSHIP(new member/rejoin)£32/£42…………..**

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POST CODE**…………………….TEL …….……………………………Email…………………………….……………………DONATION…………**

**I AGREE TO ABIDE BY THE RULES OF THE EVENT SIGNED………………………………………………TOTAL ENCLOSED………….**

**Please enclose SAE for return of number(s) Send entry form & fees to: NCPA OFFICE, 11 Mawdsley Close, Formby, Liverpool L37 8DJ**

**THIS INFORMATION WILL BE STORED ON COMPUTER & KEPT FOR ADMINISTRATIVE PURPOSES regarding this and other events**