



SCRATCHING FORM
PLEASE FILL OUT A SEPARATE FORM FOR EACH HORSE/PONY

Date _____

NAME (AS ON ENTRY FROM):.....

Account No.....

NAME HORSE/PONY.....

NAME OF RIDER.....

CLASSES YOU ARE SCRATCHING FROM

.....

.....

.....

OR please tick box if scratching from the full show ☐

Contact phone no (during Show).....

Date.....

Signed.....

Scratchings incur a 25% penalty fee per class.

For class changes please use this form for classes you are withdrawing from and fill out and attach an ordinary entry form for your new classes. Full entry fees must accompany this form.

Refunds will be sent out after the show. Please see general conditions.

Office Use Only

Date

Amount Paid

Signed

Processed