



CHANGE OF RIDER FORM

PLEASE FILL OUT A SEPARATE FORM FOR EACH RIDER

Date _____

NAME (AS ON ENTRY FROM):

Account No.

NAME OF HORSE/PONY.....

NAME OF ORIGINAL RIDER.....

NAME OF NEW RIDER.....

CLASSES FOR WHICH THIS CHANGE OF RIDER APPLIES

.....

.....

.....

OR please tick box for full show ☐

Contact phone no (during show).....

Date..... Signed.....

A charge of \$2 must accompany this form

Office Use Only

Date

Paid

Signed

Processed