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| A close up of a sign  Description automatically generated | British Riding ClubsNon-Member COVID-19 Event Declaration Form v2 August 2020 | A close up of a sign  Description automatically generated |

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| Free text box for Organiser to add any additional information. Click or tap here to enter text. |

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| EVENT: | Click or tap here to enter text. |
| DATE: | Click or tap to enter a date. |
| CLASS ENTERED: | Click or tap here to enter text. |
|  |  |
| FULL NAME: | Click or tap here to enter text. |
| ADDRESS: | Click or tap here to enter text. |
| TELEPHONE NUMBER: | Click or tap here to enter text. |
| EMAIL: | Click or tap here to enter text. |
| NAME OF HELPER: | Click or tap here to enter text. |
| TELEPHONE NUMBER FOR HELPER: | Click or tap here to enter text. |
| By completing and submitting this form, I confirm I have read and agree to abide by the event rules in relation to this event. This includes any measures that are in place to make the activity COVID-secure. I understand that any breach of these rules, will result in being asked to leave the site and may be subject to a ban from future British Riding Club activities. Please Note: The event organiser will be holding these details for NHS Test and Trace purposes.  |
| SIGNED: (typing name is sufficient) | Click or tap here to enter text. |
| DATE: | 15/10/2020 |

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| **FOR USE BY EVENT ORGANISER ONLY:** |
| COMPETITOR NUMBER: | Click or tap here to enter text. | COMPETITOR TIMES: | Click or tap here to enter text. |