

ENTRY FORM – ONE FORM PER RIDER

Please complete ALL sections below and **include sponsor form for GIFT AID**

Rider Name (s)	Horse/Pony	Class A = Under 17, B = Adult Rider C = Disabled Rider	RDA Use Only
<input type="text"/>	<input type="text"/>	<input type="text"/>	
I wish to ride with the following riders (one form for each rider please).			
<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

If you wish to have pictures taken, please indicate below - they will be sent to you electronically. If you cannot receive the pictures electronically, please write CD in the Photo Shoot column. See Gift Aid guidelines on Sponsor form.

Postal Entry Only	Qualify for GIFT AID Y/N? <input type="text"/>	Amount (min £40 per rider) <input type="text"/>	Total £ <input type="text"/>
Entry on the Day Only	Qualify for GIFT AID Y/N? <input type="text"/>	<input type="text"/>	Total £ <input type="text"/>
Photo Shoot Voucher (4 pictures)	Not eligible for GIFT AID	£15	Grand Total £ <input type="text"/>

Start Times

To avoid congestion on the course, please mark the approximate time you wish to start your ride. Although we will aim to start you at your requested time, this cannot be guaranteed for safety reasons and we would appreciate your co-operation in this respect.

10.30 am – 11.45 am ☐ 11.45 am – 1.00 pm ☐ 1:00 pm-2:15 ☐ 2.15 pm – 3.30 pm ☐
FULL

Contact Details (please type or print clearly)

Name: <input type="text"/>	
Address: <input type="text"/>	
<input type="text"/>	
Postcode: <input type="text"/>	Email: <input type="text"/>
Telephone: <input type="text"/>	Mobile: <input type="text"/>
This phone to be carried with you during the ride.	
Vehicle Reg. <input type="text"/>	No. Emergency contact no. <input type="text"/>
(next of kin)	

I agree to abide by the Rules and Conditions of Entry and the Health and Safety Policy as in the Schedule. ☐

Signature: Rider/(Parent/Guardian if under 17) **Date:**

Send Advance Payment: (cheques made payable to Riding for Disabled Association Abingdon Limited)
with Entry Form and Sponsor Form (important for Gift Aid) to:
Mrs Sue Taylor, 70 High Street, Standlake, Witney OX29 7RT (sue@greytiles.plus.com)
Abingdon Group RDA is a Registered Charity, No: 1141360
A Member Group of Riding for the Disabled Association incorporating Carriage Driving
Registered Company No: 07523120 Registered Charity No: 244108

NAME OF RIDER:	<input type="text"/>	HORSE/PONY:	<input type="text"/>
ADDRESS:	<input type="text"/>	POST CODE:	<input type="text"/>

If I have ticked the box headed 'Gift Aid?' ☒, I confirm that I am a UK Income or Capital Gains taxpayer. I have read this statement and want the charity named above to reclaim tax on the donation detailed below, given on the date shown. I understand that I must pay an amount of Income Tax and/or Capital Gains Tax in the tax year at least equal to the amount of tax that all the charities and CASCs I donate to, will reclaim on my gifts for that tax year. I understand that other taxes such as VAT and Council Tax do not qualify. I understand the charity will reclaim 25p of tax on every £1 that I have given.

Name – First Name & Surname	Address – Please Print Clearly	Postal Code (Clear Print please)	Amount Donated	UK Tax Payer ? ✓
TOTAL AMOUNT RAISED:				

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