



BRITISH DRESSAGE

EXCELLENCE IN HARMONY

FOR OFFICE USE

INITIAL HORSE REGISTRATION

ANNUAL FEES Please tick as appropriate

12 MONTHS REGISTRATION (at any level) £53.00

OPTIONAL DONATION TO THE ANIMAL HEALTH TRUST £1.00

BRIDLE NUMBER £11.75

TOTAL AMOUNT £

IMPORTANT

See Page 2 for Payment Details.

Please ensure you have completed your Payment Details and signed the Declaration on Page 2 before returning this form.

Please note horse registrations will not be collected by Direct Debit.

Please note that the following applies for all horse registrations:

1. The owner must be a member of British Dressage.
2. Applications for registration of imported horses must be accompanied by proof of importation date. This can be a copy of vaccination certificate, vetting certificate, importation papers or travel documents signed or stamped in the UK. Please do not send original documentation.
3. Imported horses will be graded in accordance with the British Dressage rule book. 4 years: 0 points; 5 years: 45 points; 6 years: 160 points; 7 years: 260 points; 8 years: 400 points; 9 years: 435 points; 10 years: 450 points.

HORSE DETAILS Please complete in BLOCK CAPITALS. Please note: items marked with an asterisk **MUST** be completed or the form will be returned.

*Horse Name: 1st Choice

Horse Name: 2nd Choice

Breed Society & Certificate No: (If Applicable)

Sire

Dam

*Colour

*Sex

*Height

*Year Foaled

Freeze Brand No.

*Country of Origin

BHD No. (If Applicable)

UELN

Name and Address of the Owner

*Owners British Dressage Membership Number: (If Known)

Daytime Telephone Number

Previous Owners Name (If Applicable)

PAYMENT DETAILS

TOTAL AMOUNT DUE (From page 1)

£

METHODS OF PAYMENT:

Debit/Credit Card: Please complete the form below.

Cheque/Postal Order: Please make payable to 'British Dressage'

PAYMENT BY DEBIT / CREDIT CARD Please tick appropriate box

Cardholder's Name

I hereby authorise you to charge the amount above to my Debit/Credit Card

Visa Mastercard Delta Solo Switch Switch Issue No.

Card Number

Valid From Expiry Date

Cardholder's Address

Postcode

Signature of Cardholder

Date

DECLARATION

I hereby certify that I am, or am applying to be, a current member of British Dressage and declare that the details entered on this form are correct to the best of my knowledge.

Signed

Date

From time to time our mailing list is made known to reputable companies. Please tick if you would NOT like your name to be included.



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