



# CAMBORNE SHOW

## ENTRY FORM.

Class	Name of Horse	Breed Shire/Suffolk etc.	Age	Gender Mare/Gelding Filly / Colt	Owner	Class 5. Young Handler Name & Age of Young Handler Class 9. Turn Out Name of Implement Drawn.

Name & Address of Exhibitor:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I hereby claim my donation towards Travel Expenses @ £15 per horse entered.

Number of Horses entered

Total Amount Claimed

\_\_\_\_\_ £ \_\_\_\_\_

SIGNED \_\_\_\_\_

Email Address \_\_\_\_\_

Tele No. \_\_\_\_\_ Mobile \_\_\_\_\_

Please return your completed Entry Form by the 16<sup>th</sup> July 2012 to: -  
 Ian Thompson, Tamarisk, 9 Rosewarne Gardens, Camborne TR14 8TH  
 Tele: 01209 – 717691      Mobile: 07708 – 087811  
 Email: [info@camborne-show.org.uk](mailto:info@camborne-show.org.uk)