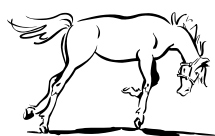


HORSE RESCUE FUND



(Registered Charity Number 275428)
Woodstock Farm, Post Office Road
Toft Monks, Beccles NR34 0EH
Telephone: 01502 679191
Email: entries@horserescuefund.org.uk



HORSE RESCUE FUND *CHARITY TRAIL RIDE* **SUNDAY 26th MAY 2024**

12 mile long ride or 4½ mile short ride
on the beautiful SOTTERLEY ESTATE
by kind permission of the Barne Family

*to benefit the Horse Rescue Fund, your local equine charity
dedicated to the rescue, rehabilitation and rehoming of horses,
ponies and donkeys in distress*

SENIORS £20 long ride £15 short ride
JUNIORS £15 long ride £10 short ride

Parking/start point- Waterloo Farm, Waterloo Road, Sotterley. NR34 7UA
What3Words- [amps.pouch.baths](https://www.what3words.com/amps.pouch.baths)



Rosettes to all finishers



Cake stall and soft drinks



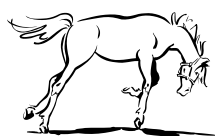
ENTRIES EMAIL: entries@horserescuefund.org.uk

PLEASE NOTE

- Entrants must have their own third party liability insurance
- Riding hats to current standard must be worn
- No jumping and no fast/dangerous riding
- Juniors (under 16) to be accompanied by an adult
- Maximum 6 in a group
- Pre-entries only. No on-the-day entries
- Horses and ponies to be minimum 4 years of age

Chairman: J.L. Crook
Trustees: C. Bullock (Treasurer), S. Yale, D. Easey.

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CHARITY TRAIL RIDE ENTRY FORM

SUNDAY 26TH MAY 2024

LONG RIDE

SHORT RIDE

(please circle)

Rider Name	Senior/ junior	Horse	Fee
Total payable to Horse Rescue Fund			
Set-off time preferred? (please circle) 09.00 09.30 10.00 10.30 11.00 11.30 12.00 12.30 1.00 1.30			
Payment method – please delete accordingly Cheque/bank transfer/QR code			
Payment methods:			
By cheque - payable to 'Horse Rescue Fund'			
By bank transfer to Sort Code 40-15-15 Account No. 91061836 Ref: surname			
By QR code (see opposite) Please leave ref: 'Your Surname- Trail ride'			

I understand that I participate in at this event at my own risk and I accept all responsibility, and I agree not to bring any claim against the organisers of this event, or any of their assistants.

Name Signature.....

Tel Mobile No.

Address

E Mail (Please print clearly).....

IN CASE OF EMERGENCY:

I.C.E CONTACT : Name..... Tel no.....

EMERGENCY CONTACT DETAILS- PLEASE NOTE APPLICATIONS CANNOT BE PROCESSED WITHOUT THIS INFORMATION.

Chairman: J.L. Crook
Trustees: C. Bullock (Treasurer), S. Yale, D. Easey.