



HORSE REGISTRATION FORM

WALES AND BORDER HARNESS RACING LTD HAVE THE RIGHT TO REFUSE ANY REGISTRATION APPLICATION. IF YOUR APPLICATION IS UNSUCCESSFUL/SUCCESSFUL, YOU WILL BE NOTIFIED WITHIN 28 DAYS OF THE ASSOCIATION RECEIVING YOUR APPLICATION. YOUR REGISTRATION APPLICATION WILL HAVE TO BE APPROVED BEFORE THE HORSE WILL BE ALLOWED TO PARTAKE AT ANY RACE MEETING.

THE £20 REGISTRATION FEE MUST BE PAID BEFORE YOUR APPLICATION WILL BE PROCESSED. IF YOUR APPLICATION IS UNSUCCESSFUL, THE REGISTRATION FEE WILL BE REFUNDED IN FULL.

PLEASE ENCLOSE A PHOTOCOPY OF YOUR HORSES PASSPORT RECORD OF THEIR FLU JABS

TO PAY BY BACS, THE DETAILS ARE

ACCOUNT NAME:- WALES AND BORDER HARNESS RACING LTD

ACCOUNT NUMBER:-29175560

SORT CODE:-30-80-83

ALL CHEQUES PAYABLE TO :- WALES AND BORDER HARNESS RACING LTD

PLEASE RETURN COMPLETED FORMS TO,

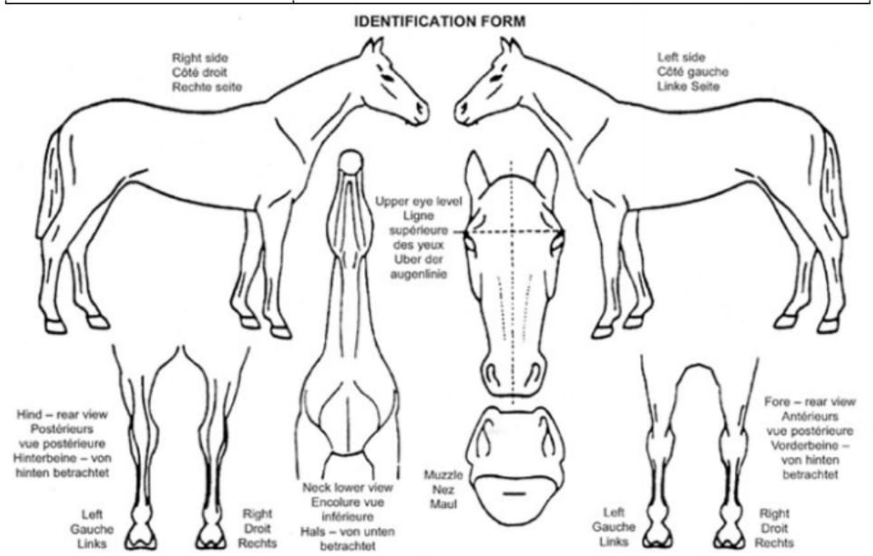
VAL JONES, 1ST CYNIDR VILLAS, GLASBURY, HEREFORD, HR35NN

OR

EMAIL valjones1958@hotmail.co.uk

[TEL:- 01497 847603](tel:01497847603)

WALES AND BORDER HARNESS RACING LTD HORSE OWNERS OFFICIAL REGISTRATION FORM



MICROCHIP NO: _____ PASSPORT NO: _____

FREEZE BRAND/TATTOO _____

NAME OF HORSE: _____

SIRE: _____ DAM: _____

DAM OF DAM: _____ SIRE OF DAM: _____

SEX: _____ COLOUR _____ DATE OF BIRTH _____

MARKINGS: _____

BREEDERS NAME AND ADDRESS: _____

OWNERS NAME AND ADDRESS: _____

OWNERS TELEPHONE NUMBER: _____

PLEASE ENSURE FULL PAYMENT IS MADE AND ENCLOSE A PHOTOCOPY OF THE FLU JAB PAGE FROM YOUR HORSES PASSPORT WITH YOUR APPLICATION.

I HEREBY AGREE TO ABIDE BY ALL WALES AND BORDER HARNESS RACING LTD RULES AND REGULATIONS.

SIGNATURE: _____ DATE: _____

SIGNATURE OF THE WALES AND BORDER HARNESS RACING LTD
CHAIRPERSON: _____ DATE: _____