



**QUALIFYING CENTRES REGISTRATION FORM**

VENUE NAME .....

VENUE ADDRESS .....

CONTACT NAME .....

CONTACT NUMBER .....

EMAIL ADDRESS .....

2019	DRESSAGE DATES	SHOWJUMPING DATES	SHOWING DATES
JANUARY			
FEBRUARY			
MARCH			
APRIL			
MAY			
JUNE			
JULY			
AUGUST			

DO YOU CURRENTLY HOLDS THE 2<sup>ND</sup> ROUND REGIONAL QUALIFIERS? (please delete as required)

**YES/NO/WE WOULD BE INTERESTED IN HOLDING 2<sup>ND</sup> ROUND REGIONAL QUALIFIERS**