



## QUALIFYING CENTRES REGISTRATION FORM

VENUE NAME .....

VENUE ADDRESS .....

CONTACT NAME .....

CONTACT NUMBER .....

EMAIL ADDRESS .....

2017/2018	DRESSAGE DATES	SHOWJUMPING DATES
JANUARY 2018		
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**



UK RIDERS 2018

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PLEASE INCLUDE ANY IDEAS OR SUGGESTIONS ON THIS SHEET