:

**30th and 31st August 2025**

**Entry Form**

**Entries Close: Friday 22nd August 2025**

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| **Exhibitor Details**  |
| Name & Address: |  | Postcode |  |
| Tel No: |  |
| Email: |  |
| **Horse Details (Please complete for each horse attending the event)** |
| Horse Name |  | SHS Reg No: |  |
| Dam Name |  | Sire Name |  |
| Class Entry Number  |  | Horse Date of Birth |  |
| Please give a short description about your horse attending the show |
|  |
| Demonstrations – Please fill in details below if you wish to take part in the demonstrations: |
| Class: | Description: |

* *I/we have third party liability insurance cover and do not hold the organisers responsible for any loss or damage.*
* *Any animal over the age of 6 months must have received their primary flu vaccination (2 injections not less than 21 days and not more than 92 days apart) no less than 7 days prior to the date of the show.*

Signed: Date:

*Please return the completed form to: Suffolk Horse Society, Suite 8, Britannia House, Base Business Park, Rendlesham, Suffolk, IP12 2TZ or Email* *Info@suffolkhorsesociety.org.uk*

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