



## **SHIRE HORSE SOCIETY** **2020 APPLICATION FOR AFFILIATION**

NAME OF SHOW .....

NAME OF SOCIETY .....

SHOWGROUND LOCATION INCLUDING POST CODE .....

.....

DATE OF SHOW ..... ENTRIES CLOSE DATE .....

DATE OF SHIRE JUDGING IF MORE THAN ONE DAY SHOW .....

IN HAND ..... TURNOUTS .....

**SEPARATE (ON ITS OWN) STALLION CLASS? \* YES/NO (\*please delete as applicable)**

Please only tick if you have a separate stallion class.

**Young Handlers Class? \*YES/NO (\*please delete as applicable)**

**PROBATIONER JUDGE ALLOWED? \*YES/NO (\*please delete as applicable)**

**PANEL JUDGE (This must be declared on form) .....**

On behalf of the above Society/Show I hereby apply for Affiliation and agree to the Shire Horse Society Conditions of Affiliation.

**SIGNED .....**

**DATE .....**

**SECRETARY'S NAME AND ADDRESS .....**

.....

..... **POST CODE .....**

**TELEPHONE NUMBER ..... MOBILE .....**

**EMAIL .....**

**WEBSITE (if applicable) .....**

**The deadline for affiliation is 31<sup>st</sup> December 2019**

**\*Affiliation fee is £40.00 (Cheque/BACS/Direct Debit)**

**BACS to Sort Code 20-67-37 Account Number 33760979 Reference: Name of Show**

**To be returned with payment by 31<sup>st</sup> December 2019 to:**

**SHIRE HORSE SOCIETY, THE OLD DAIRY, ROCKINGHAM CASTLE, MARKET  
HARBOROUGH, LEICESTERSHIRE. LE16 8<sup>TH</sup>**

**\*Please tick which payment method.**