



Keysoe & Three Shires Trec Club

Arena Trec Training

Shuttleworth College Equestrian Centre Old Warden Beds SG18 9HF

Saturday 18 January & Saturday 22 February 2020

Sessions with run for 1 hour 30 minutes max – Groups of 4 (pro rata times for smaller groups)

- Complete Beginners & In Hand
- Beginners (L1)
- Intermediate (L2)
- Experienced (L3/4)

Entry Fees

| KTS Members | Non Member to include day membership |
|--|--------------------------------------|
| £20.00 | £25.00 |
| In the event of being oversubscribed priority will be given to KTS members | |

To enter complete the form below or enter by jot form (available on facebook page)

Equine Flu Requirements: TREC GB requires that all events, including training & camps, involving equines should insist that vaccinations are up to date (12 month cycle) and check passports before horses are unloaded. Horses that have had their annual vaccination or a booster, within the last six days of the event should not be allowed to compete. For unvaccinated horses to be able to compete a new programme takes a minimum of 28 days.

1. The twelve month cycle means that a horse's vaccinations should be dated on or within 365 days (twelve months), for each year recorded on the passport, after the initial cycle of three injections were originally completed. For example a horse vaccinated on 15th March one year needs to be vaccinated on or before 15th March the following year. This also applies in leap years.

2. Horses with several years of annual booster vaccinations can have gaps in their record provided that;
a) The first two primary injections were administered correctly before 1st January 2014. (2nd injection 21-92 days after the 1st injection).

b) All annual boosters since 1st January 2014 are within time.

Please send a copy of your horse's vaccination certificate to the entries secretary along with your entry before the closing date.

The venue recommends 6 monthly boosters.

Arena Trec Training Form

| | | |
|------------------------------|--------------------|------------------------------|
| Rider | | |
| Horse | | |
| Height | | |
| Email | | |
| Telephone | | |
| KTS Membership Number | | |
| Passport (circle) | Attached with form | Emailed to ktstrec@gmail.com |
| Emergency Contact | Name | Tel |

| Level | Tick one box | Preference AM/PM – we will try to accommodate where possible (circle) | Fee |
|--|--------------------------|---|------------------------------|
| | | | £20.00 KTS £25.00 Non KTS |
| Complete Beginners | | Lunchtime | |
| Beginners | | Early Afternoon | |
| Intermediate | | Late Afternoon | |
| Advanced | | No preference | |
| Comments or requests please state if you want to train in hand or have obstacles you would like to practice | | | |
| Date of Event (circle) | Saturday 18 January 2020 | Saturday 22 February 2020 | |

PLEASE ENCLOSE CHEQUES PAYABLE TO Keysoe & Three Shires Trec Club AND SEND WITH SIGNED ENTRIES & COPY OF FULL VACCINATION RECORD (TO INCLUDE HORSE ID PAGE) TO: Angela Hughes, Flintswood Cottage, 163 High St, Riseley Beds MK441DR. Or Enter by email ktstrec@gmail.com payment by BACS transfer (sort code 20 45 45 account 43299783) – ref jan/feb + training (eg jantraining)



Parental Consent form

If you are entering a child under 16 for the competition, please fill in this form and send it in with your entry.

Parental Consent Form

Name of child: _____ Date of Birth: ____/____/____

Any Disabilities or Special Needs: _____

Name of Event: _____ Date of Event: _____

Home Address of Parent/ Guardian: _____

_____ Post Code: _____

Tel No (Day): _____ Tel No (Eve): _____

Mobile No: _____

In case of Emergency number: _____

If you are not attending the event with your child who will be responsible for them at the event:-

Name: _____ Phone number _____

Additional details: (any information, given in confidence, of which the organisers should be aware – specific dietary needs, details of any medication, allergies etc.)

DECLARATION: I have received comprehensive details of this event and consent to my child taking part in the activities indicated. I consent to my child receiving any medical treatment, which in the opinion of a qualified medical practitioner, may be necessary.

I am aware that photographs will be taken during the TREC event for promotional purposes and give consent for my child to feature in such photos.

Signed: _____ (Parent/ Carer) Date: _____

Signed: _____ (Child) Date: _____

