

To be filled in by admissions steward :

Rider Number -

Total Paid for membership&/or ride

**A. Lisvane Ride Entrance Form** Rider number to be allocated upon payment to entry steward, please pin this where it is visible. You will receive a map and “talk around”, please spend a few minutes reading this before setting out.

Name of rider ..... Riders age\* (if under 21) ..... Name of horse .....

Riders Address .....

..... Post code .....

Riders mobile no (if you have one on ride) ..... Home tel no/ emergency contact .....

If SAFE member please state membership reference, or if not known give area eg Lisvane/Caerphilly etc .....

Entrance: (£10 members /£12 non-members) £ .....

“I shall not hold Safety & Facilities for Equestrians responsible for any loss, damage or injury however caused while undertaking this ride. I also undertake to make good any loss or damage cause by me, my vehicle, animal, tack or assistants to stock or the environment whilst undertaking this ride”

Signed (Rider >16yrs of age or rider’s parent/guardian if rider <16yrs old):.....

Dated :..... (11 Sept 2011)

\* Riders under the age of 16 should be accompanied by an adult.

**B. Non Members only - Application for Membership**

You can join SAFE for £5 (individual) or £10 (family) and receive £2 discount off the ride (membership renewable each April). This helps support & pay for the society’s work & an increased membership helps SAFE lobby for better off road riding. You will receive newsletters and maps of horse routes, many of which have been negotiated by SAFE. Please consider supporting our work and provide the following additional info:

Where Horse is kept ..... Where you normally ride ..... Email address .....

Tick if you might be able to help with: publicity for SAFE      fun rides      work on horse routes

**Total payment for ride & membership £15 (individual) or £20 (family) £.....**

**C. It is too late to join by standing order this year but if you would like to *future membership* to be covered by standing order please fill in the following authority:**

**Standing Order Mandate:**

To \_\_\_\_\_ Bank/Building Soc.      Address \_\_\_\_\_ Post Code \_\_\_\_\_

Sort Code \_\_\_\_\_ Name(s) of account holders \_\_\_\_\_

Bank or Building Society Account number \_\_\_\_\_

Please set up the following Standing Order to “Safety & Facilities for Equestrians” and debit my/our accounts accordingly.

“SAFE”s bank account details: Nat West Cardiff North Branch, PO BOX 246, 21 High St. Llandaff, Cardiff CF1 6YG

Account number 11020970      Sort Code 53 70 30

Payment details £5 (five pounds)/ £10 (ten pounds) to be paid yearly on the 1<sup>st</sup> April until further notice. The first payment is to commence on 1 April 2012.

Confirmation: I/We acknowledge that the Bank/Building Society will not undertake to make any reference to Value Added Tax or other indeterminate element; advise payer’s address to beneficiary; advise beneficiary of inability to pay; request beneficiary’s banker to advise beneficiary of receipt.

Signatures (s) \_\_\_\_\_ Date \_\_\_\_\_