

# 2018 British Show Pony Society Scottish Branch Ltd AFFILIATION FORM

BSPS Scottish Branch, 20 Herriot Avenue, Kilbirnie, Ayrshire KA25 7HZ

Tel: 07900 101204 Email: info@bspsscotland.co.uk

*BSPS Scottish Branch Ltd is a private company Limited by guarantee with registration number SC324910*

I / We wish to affiliate (BLOCK LETTERS PLEASE) the \_\_\_\_\_

\_\_\_\_\_ Show to the British Show Pony Society.

Show Secretary's Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_

Telephone Number \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Date of Show \_\_\_\_\_

Venue \_\_\_\_\_ Postcode \_\_\_\_\_

Closing Date of Entries \_\_\_\_\_

Lead Rein/First Ridden Judge(s) \_\_\_\_\_

Show Pony Judge(s) \_\_\_\_\_

WHP/ WH Judge(s) \_\_\_\_\_

Lead Rein of Hunter Type Judge \_\_\_\_\_

SHP Judge(s) \_\_\_\_\_

Intermediate SRT & SH Judge(s) \_\_\_\_\_

Heritage LR, FR & Ridden Judge(s) \_\_\_\_\_

Heritage WHP Judge(s) \_\_\_\_\_

Course Builder's Name (WHP/WH Classes Only) \_\_\_\_\_

Address \_\_\_\_\_

IS YOUR SHOW INSURED AGAINST PUBLIC AND EMPLOYERS LIABILITY?

YES / NO (Please delete as applicable)

I / WE AGREE AS A B.S.P.S. AFFILIATED SHOW TO ENSURE: -

- a. That the B.S.P.S. Classification of Children's ridden Show Pony, WHP, SHP, Intermediate and Heritage Classes will be strictly adhered to and that all the ridden Show Pony, WHP, SHP, Intermediate and Heritage Classes will be carried out and judged in accordance with the BSPS Rules and Regulations.
- b. That the Schedule of Children's ridden Show Pony, WHP, SHP, Intermediate and/or Heritage Classes WILL BE SENT IN DRAFT the Scottish BSPS Secretary at least two calendar months BEFORE the date of the Show.
- c. That I/We will obtain Judges from the BSPS Official Panel of Judges. PLEASE ENSURE THIS IS COMPLIED WITH.

SHOWS SHOULD MAKE EVERY REASONABLE EFFORT TO INFORM EXHIBITORS OF A CHANGE OF JUDGE. IN ALL CLASSES AFFILIATED TO THE BSPS THE BSPS RULES TAKE PRECEDENCE.

THE COST FOR THE AFFILIATION IS AS FOLLOWS:

£30.00 per Show

I have enclosed a cheque made payable to BSPS Scottish Branch Ltd for the Full Amount.

I wish to pay the Affiliation cost by credit/debit card and request that an Invoice for the full amount be sent to the following email address:

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(Please tick applicable box)

SIGNED \_\_\_\_\_

DATE \_\_\_\_\_