

POACHER HARNESS CLUB
JUNIOR MEMBERSHIP FORM 2025

(A JUNIOR MEMBER MUST BE UNDER 18 YEARS OF AGE ON THE 1ST JANUARY 2025)

PLEASE COMPLETE ALL APPLICABLE PARTS OF THIS FORM.

ADDRESS FOR RETURN OF FORM:

CAROL WOOD, MILL HILL, MARSH LANE, NEW HOLLAND, NORTH LINCOLNSHIRE, DN19 7PY.

TELEPHONE: 01469 533824 OR 07967 191653

DRIVER/GROOM SECTION

I WISH TO APPLY TO JOIN THE "POACHER HARNESS CLUB". I UNDERSTAND THAT IT WILL BE NECESSARY TO HAVE PROOF OF CURRENT VACCINATION AGAINST EQUINE INFLUENZA FOR ALL MY ANIMALS THAT I WILL DRIVE IN CLUB EVENTS THIS SEASON AND THAT I MAY BE ASKED TO PRODUCE THESE AT ANY EVENT THAT I ATTEND.

ANNUAL MEMBERSHIP FOR DRIVER & GROOM £35. PLEASE MAKE CHEQUES PAYABLE TO **POACHER HARNESS CLUB** OR MAKE PAYMENT BY BACS TO **POACHER HARNESS CLUB, S/C 40-32-05, A/C No: 11372629.**

DRIVER NAME:.....

ADDRESS:

.....

TELEPHONE NUMBER:DATE OF BIRTH

EMAIL(IMPORTANT IN CASE OF CANCELLATION):.....

I AM/AM NOT A MEMBER OF BC (PLEASE QUOTE MEMBERSHIP NUMBER)

GROOM NAME & ADDRESS (PLEASE NOTE THAT YOUR NOMINATED GROOM MUST BE A PAID UP DRIVING MEMBER OF THE CLUB AND MUST ACCOMPANY YOU ON THE CARRIAGE AT ALL TIMES)

NAME:

ADDRESS:

.....

PHONE:..... EMAIL:.....

I UNDERSTAND BY THAT BY SIGNING BELOW, I AM CONFIRMING THAT I HAVE CORRECT EQUINE FLU VACCINATION COVER FOR THE PERIOD OF MY 2024 MEMBERSHIP AND THAT I WILL BE WILLING TO PRODUCE THE NECESSARY DOCUMENTATION IF REQUIRED.

I HEREBY AGREE TO ABIDE BY PHC RULES OF COMPETITION AND BY THE PHC CONSTITUTION (2024)

IN ORDER TO COMPLY WITH THE DATA PROTECTION ACT 2018, WE NEED TO MAKE YOU AWARE THAT ANY DATA OR INFORMATION PROVIDED TO **POACHER HARNESS CLUB** FOR THE PURPOSES OF MEMBERSHIP AND OTHER **POACHER HARNESS CLUB** ACTIVITIES WILL BE STORED ON A COMPUTER DATABASE OR OTHERWISE. WE WILL NOT SHARE YOUR INFORMATION WITH ANYONE OTHER THAN **POACHER HARNESS CLUB** MEMBERS. PLEASE DELETE THE FOLLOWING STATEMENT AS APPLICABLE.

I **WILL** BE HAPPY / I **WILL NOT** BE HAPPY FOR MY CONTACT INFORMATION TO BE GIVEN TO OTHER CLUB MEMBERS.
I **WILL** BE HAPPY / I **WILL NOT** BE HAPPY FOR MY CONTACT DETAILS TO BE GIVEN TO BRITISH CARRIAGEDRIVING.

SIGNATURE _____ DATE _____

PLEASE COMPLETE THE SECOND PAGE OF THIS FORM. EXISTING MEMBERS NEED ONLY COMPLETE THE SECTION ON **HORSE/PONY** DETAILS.

THIS SECTION MUST BE COMPLETED BY PARENT OR GUARDIAN

I give my consent in my capacity as parent / guardian of _____ that he/she may drive and backstep at Poacher Harness Club events for this season and that any photos taken may be used for the purposes of Club publicity.

Signed:.....

Print Name:.....

HORSE/PONY DETAILS:

NAME:

SEX:

SIZE:

PASSPORT NUMBER:

DATE OF VACCINATION:

NEW APPLICANTS MUST COMPLETE THE FOLLOWING SECTION

NOTE: NEW MEMBERS MUST INCLUDE PHOTO COPIES OF VACCINATIONS & PASSPORT (RELEVANT PAGES SHOWING NAME & DESCRIPTION ETC)

NB: SUBJECT TO PREVIOUS DRIVING EXPERIENCE, AND IN ORDER TO COMPLY WITH BC TERMS OF INSURANCE, IT WILL BE NECESSARY FOR A YOU TO BE ASSESSED BY A PHC SAFETY ASSESSOR, PRIOR TO YOUR FIRST COMPETITION WITH PHC UNLESS YOU ARE CURRENTLY OR HAVE RECENTLY BEEN A FULL DRIVING MEMBER OF ANOTHER BC AFFILIATED CLUB OR HOLD AN **LHHI** QUALIFICATION.

DESCRIPTION OF TURNOUT:

BRIEF SYNOPSIS OF PREVIOUS DRIVING EXPERIENCE.