

POACHER HARNESS CLUB
DAY MEMBERSHIP APPLICATION FORM 2026

ADDRESS FOR RETURN OF FORM:

CAROL WOOD, MILL HILL, MARSH LANE, NEW HOLLAND, NORTH LINCOLNSHIRE, DN19 7PY. TELEPHONE 07967 191653

I WISH TO APPLY TO BECOME A **DAY MEMBER** OF THE "POACHER HARNESS CLUB". I UNDERSTAND THAT IT WILL BE NECESSARY TO HAVE THIRD PARTY LIABILITY INSURANCE AND 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.

NAME (MR, MRS, MS)

ADDRESS:

TELEPHONE NUMBER:

EMAIL (IMPORTANT IN CASE OF CANCELLATION)

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

NAME & ADDRESS OF GROOM:

DAY MEMBERSHIP £15 PER EVENT PLUS ENTRY FEE FOR EVENT. 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**

DETAILS OF EVENT BEING ENTERED:

DATE:..... VENUE:

TYPE OF EVENT:

I UNDERSTAND BY THAT BY SIGNING BELOW, I AM CONFIRMING THAT I HAVE CORRECT INSURANCE AND EQUINE FLU VACCINATION COVER FOR THE PERIOD OF MY 2026 MEMBERSHIP AND THAT I WILL BE WILLING TO PRODUCE SUPPORTING DOCUMENTATION.

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

I WILL BE HAPPY / I WILL NOT BE HAPPY FOR MY CONTACT DETAILS TO BE GIVEN TO BRITISH CARRIAGEDRIVING.

Signature..... Date

PLEASE COMPLETE SECOND PAGE OF THIS FORM.

NB: SUBJECT TO PREVIOUS DRIVING EXPERIENCE, AND IN ORDER TO COMPLY WITH **BC** (FORMERLY **BHDTA**) 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 A **LHHI** QUALIFICATION.

DESCRIPTION OF TURNOUT:

BRIEF SYNOPSIS OF PREVIOUS DRIVING EXPERIENCE.

HORSE/PONY DETAILS:

NAME:

SEX:

SIZE:

PASSPORT NUMBER:

INCLUDE PHOTO COPIES OF VACCINATIONS & PASSPORT (RELEVANT PAGES SHOWING NAME & DESCRIPTION ETC)

NOTE: YOUR ENTRY WILL NOT BE CONSIDERED WITHOUT THIS DOCUMENTATION.

NEXT OF KIN DETAILS

NAME OF DRIVER/GROOM		NEXT OF KIN		RELATIONSHIP	CONTACT Tel No:
FIRST NAME	LAST NAME	FIRST NAME	LAST NAME		