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| **AREA 4 QUALIFIER** |  | | **CLASS** (Also, please state if J or S) | |  | **DATE OF COMPETITION** |  | | |
| Club |  | | | | | Contact Name |  | | |
| Contact BRC No |  | | | | | Email address |  | | |
| Contact Address |  | | | | | Mobile Phone no |  | | |
| Postcode |  | | | | | Day Phone no |  | | |
| TEAM NAME |  | | | | | | *OFFICIAL USE* | | |
| RIDER’S FULL FORENAME & SURNAME | HORSE NAME ON PASSPORT | PASSPORT NO | | HORSE’S BE NAME | | BE POINTS | SJ TIME | +- OPT TIME | TOTAL PENS |
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| PLACE |  |  | |  | | TOTAL |  |  |  |