

**RoR EGB/SERC Pleasure Ride / Pairs
Completion
Rosette Claim Form 2021**



Name of Ride:	
Venue:	
Date:	
Rider/s Name/s:	
Horse's Registered name/s:	
RoR Registration Number/s:	
Address of lead rider (for return of rosette/s):	
Post Code:	

Organiser/Secretary signature.....

Date:.....

Return this form by email to RoR National Coordinator, Anne Walker
awalker@ror.org.uk