TROPHY CARD 2025					EC	EGB DE CYMRU BRANCH					
CLAIMANT DETAILS:					EGB MEMBERSHIP NUMBER:						
NAME:											
NAME:					•						
RIDER 1											
RIDER 2											
RIDER 3											
		NAME			BREED				1	ΓΙCK IF 18 OR OVER	
HORSE 1											
HORSE 2											
HORSE 3											
DATE	RIDE (OR ING NAME	CER/GER FUN RIDE	DISTANCE (KMS)		HORSE RID- DEN OR ROLE AS HELPER		RIDE ORGANISER TO CERTIFY	R LEAVE BLANK FOR ADMIN USE		
					_						