



## North Hampshire Medical Fund

The charity buying tomorrow's equipment today

**The money raised at this event will go towards  
buying equipment for your local hospital.  
Our target this year is just under £500,000.**

**Please return the completed form to  
Basingstoke and North Hampshire Hospital  
Aldermaston Road  
Basingstoke  
Hampshire  
RG24 9NA**

**medicalfund@hhft.nhs.uk  
01256 314759  
www.nhmedicalfund.org**

Registered Charity No: 282094



## North Hampshire Medical Fund Cross Country Ride

**Sunday 29th October 2017  
Cannon Heath, Kingsclere, Berkshire**

By kind permission of  
the Balding Family  
and Lord & Lady Lloyd Webber

Ride across the famous Watership Down and adjoining farm land, plus the  
unique opportunity to ride across the Lloyd Webber's Sydmonton Estate.

**[www.nhmedicalfund.org/event/fun-cross-country-ride](http://www.nhmedicalfund.org/event/fun-cross-country-ride)**

The course will be open to start from 10am to 1.00pm

The ride will start from the Kingsclere cross country course, it is suitable for riders of  
all ages and abilities, who can also enjoy the beautiful countryside. The ride is  
approximately 10 miles, with OPTIONAL jumps of varying heights.

The course will be stewarded.

A rosette will be awarded to every rider who completes the course.

### **DIRECTIONS**

Kingsclere is situated on the A339 Basingstoke to Newbury Road. Go to the centre of  
Kingsclere and take the B3051 towards Overton & Whitchurch. After approximately 2  
miles at the top of the hill, the entrance to the course is on the right hand side of the  
road. Nearest post code RG25 3EJ.

## ENTRY FEES

All entries to be received by Thursday 26th October 2017

Adults	£23 per rider
Children 16 & under	£15 per rider
Children 12 & under to be accompanied by an adult	

Late entries can be made on the day at an additional cost of £5 per entry and must register before 12.00 noon.

Starting times in order of arrival at the start.

**NOTE:** £3 is taken for all number clothes  
£1 is refunded & £2 donated for the ambulance costs.

## CONDITIONS OF ENTRY

- 1 Hard hats which meet the current BS standards must be worn and body protectors are strongly recommended. Appropriate cross country dress to be worn.
- 2 Horses & ponies must be at least 4 years old.
- 3 Children 12 & under must be escorted by an adult.
- 4 Riders must not deviate from the marked course.
- 5 Please respect other competitors and stewards.
- 6 Any rider riding in a dangerous or reckless manner will be stopped and disqualified.
- 7 In the event of cancellation the entry fee will be refunded minus £4 per entry for administration costs.
- 8 The organisers decision on any matter shall be final.
- 9 Dogs to be kept on a lead at all times.
- 10 No horse/pony may be ridden around the course more than once.
- 11 No horses, spectators or vehicles are permitted on the gallops, immediate disqualification will apply.
- 12 Please ensure you have finished the ride by 3pm as the stewards will be stood down at this time.

**The North Hampshire Medical Fund, the Owners of the property, the organisers, all persons and all organisations involved in this ride disclaim all liability for damage to any person or property, that may happen from any cause or circumstance, or for any legal proceedings arising. All participants and other interested persons are responsible for making their own insurance arrangements.**

## NORTH HAMPSHIRE MEDICAL FUND CROSS COUNTRY RIDE



North Hampshire  
Medical Fund

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**Sunday 29th October 2017**

Title:	Date of Birth (if under 16):
First Name:	Surname:
Address:	
Town:	County:
Postcode:	Contact No:
Email:	
Emergency contact name (on the day):	Emergency contact no (on the day):
Horses name:	
Medical Conditions (if applicable):	
Cheque Donation:	Online Donation:
I enclose the entry fee of £ _____ (Cheques made payable to North Hampshire Medical Fund)	I have paid £ _____ via BACS. North Hampshire Medical Fund Sort Code: 30-90-53 Acc No: 55672868 NB: Please use 'cross country' & your surname as a ref

I agree to abide by the rules and the conditions of entry.  
Please retain the opposite page for your information.

SIGNATURE \_\_\_\_\_

### GIFTAID

PLEASE COMPLETE THE SECTION BELOW:

I wish to GiftAid my donation and any donations I make in the future or have made in the past 4 years to The North Hampshire Medical Fund. I am a UK taxpayer and understand that if I pay less Income Tax and/or Capital Gains Tax than the amount of GiftAid claimed on all my donations in that tax year it is my responsibility to pay any difference.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_