



Prize Money Claim Form 2025

Class.....

Section.....

Competitor No.....

Amount.....

Please fill out all boxes in the form below to receive your prize money.

Please complete in block capitals.

Rider Name:	Owner Name:
Horse Name:	Horse Name:
Bank Name:	Name on Account:
Sort Code:	Account Number:

Rider Contact No in case of queries:.....

Please ensure the completed form is emailed to tanya@sconehorsetrials.com within 14 days of the competition so that payment can be made promptly.