



# Personal Qualifier Form

## Sunshine Tour Championships

To be held at The All England Jumping Course, Hickstead Showground from  
Thursday 17<sup>th</sup> to Sunday 20<sup>th</sup> September 2020

**For QUALIFICATION AT REGISTERED CENTRES & CLUBS up to 31<sup>st</sup> July**

### How to Qualify & Register

1. **Qualification:** 1<sup>st</sup> to 4<sup>th</sup> in unaffiliated dressage, show jumping, showing & eventers challenge.
2. **Verification:** Fill in the form on the day of competition and ask the show secretary to sign.

**NOTE! The process for Step 3 has changed this year – register ONLINE (was previously by email).**

3. **Registration:** at [www.sunshinetour.co.uk/qualifier](http://www.sunshinetour.co.uk/qualifier) within 28 days of competition (for July competitions, final registration date is 7<sup>th</sup> August). **You will need to upload a copy of this form with your registration.**
4. **Validation:** We will check your qualification & issue your unique qualifier numbers.

Before registering it is your responsibility to check that both competitor & horse/pony are eligible to compete at the championships. Rules and restrictions for each discipline, information & FAQ's at [www.sunshinetour.co.uk](http://www.sunshinetour.co.uk)  
Registration is free and is not an entry or guarantee of availability in classes.  
Entries open 1<sup>st</sup> August and close 14<sup>th</sup> August 2020.

Sunshine Tour UK, GBEC, Dorking Road, Great Bookham, Surrey KT23 4PZ. Email: [register@sunshinetour.co.uk](mailto:register@sunshinetour.co.uk)

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THIS SECTION TO BE COMPLETED BY COMPETITOR:

Competitor: \_\_\_\_\_ Horse: \_\_\_\_\_

1. **Discipline** (circle): Dressage / Show Jumping **Level** (height/test): \_\_\_\_\_ **Class:** \_\_\_\_\_  
Showing / Eventers Challenge

Show/Venue: \_\_\_\_\_ Show Date: \_\_\_\_\_ Place: \_\_\_\_\_

2. **Discipline** (circle): Dressage / Show Jumping **Level** (height/test): \_\_\_\_\_ **Class:** \_\_\_\_\_  
Showing / Eventers Challenge

Show/Venue: \_\_\_\_\_ Show Date: \_\_\_\_\_ Place: \_\_\_\_\_

THIS SECTION TO BE COMPLETED BY SHOW SECRETARY: kindly CHECK & VERIFY the above-named competitor's result, thank you!

*I certify that the above information is correct.*

Secretary's name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_