

# Cleveland Bay Camp 2026

## Lincomb Equestrian - DY13 9RB

### 25th - 27th September 2026

Please fill in the form below (a separate form for each horse if you are bringing more than one) with as much detail as possible to help us decide activities and groups.

Please be aware that all horses attending Camp must have had flu vaccinations within 12 months of the Camp date. You must have your own suitable insurance. Each horse is the responsibility of its owner and all activities are at your own risk. Current BS headgear must be worn at all times whilst mounted. See Lincomb website for specific rules/requirements.

Please tick below the activities you and your horse would like to try.

| <u>Mounted Session</u> |  | <u>Ground Work Session</u> |  | <u>"At Leisure"</u>                          |  |
|------------------------|--|----------------------------|--|--|--|
| Flat Work              |  | Long reining               |  | Canter Track: 300m loop for fitness training |  |
| Pole Work              |  | Lunging                    |  |  |  |
| Show Jumping           |  | Desensitisation            |  |  |  |
| Cross Country          |  | Pole Work                  |  | 8 miles of farm off-road riding              |  |
| Desensitisation        |  | Show preparation           |  |  |  |

|                    |   |               |  |
|--------------------|---|---------------|--|
| <b>Name:</b>       |   | <b>Tel:</b>   |  |
| <b>Address:</b>    |   |               |  |
| <b>Post code:</b>  |   | <b>Email:</b> |  |
| <b>Horse Name:</b> | Horse Details (Age, breed, type, height, ridden/unridden) if ridden please give flatwork level/ jumping height/ability. |               |  |

|                              |              |            |              |            |
|------------------------------|--------------|------------|--------------|------------|
| <b>Accommodation for you</b> | Glamping No: | Lorry: No: | Own Tent No: | Other: No: |
|------------------------------|--------------|------------|--------------|------------|

|                             |            |       |                          |
|-----------------------------|------------|-------|--------------------------|
| <b>Dietary Requirements</b> | Vegetarian | Other | Allergies? Please state) |
|-----------------------------|------------|-------|--------------------------|

I have read the above rules and those on the Lincomb Equestrian website: [www.crosscountrycourse.co.uk](http://www.crosscountrycourse.co.uk) and agree to abide by them.

Please sign here: ..... Date:

To book your place for the full weekend, please complete the form and return to [cbhscamp@gmail.com](mailto:cbhscamp@gmail.com) together with your 1st deposit remittance of £50 via BACS to :  
 CBHS Sort Code: **40-47-31** Account no: **11318136**. Include reference '**CBCamp26**' on the BACS payment