

TREC Isle of Man

Affiliated to TREC GB

TREC GB
QUALITY ROSETTES
WINTER ARENA TREC SERIES 2025/2026
HALLOWEEN COMPETITION
at

Kennaa Equestrian Centre, St Johns

29th & 30th November 2025

Affiliated & Unaffiliated Classes

All competitors must have their own Public Liability Insurance cover, be a TREC GB Red or Blue member, or be members of a TREC GB Affiliated club to participate in TREC events.

Only current Red or Blue members of TREC GB will have their scores counted in the TREC GB Summer League

Enquiries: Jo Bowen 466535 Email: treciomentries@gmail.com

Entries to: Jo Bowen, 71 Malew Street, Castletown, Isle of Man IM9 1LR

Entries must be received by the Tuesday evening prior to the competition and will be limited – please enter ASAP (If full, a waiting list will be kept)

Visit our web site www.treciom.com

Classes

IN-HAND (Unaffiliated)

All obstacles to be completed In-Hand.

There will be no control of paces (MA)

2. **LEAD REIN (Unaffiliated)**

Open to Children Under 10 on the day of the competition. All obstacles to be completed on the lead rein.

There will be no control of paces (MA), help may be given.

3. JUNIOR (Unaffiliated)

Open to Children Under 16 on the day of the competition. All obstacles to be completed off the lead rein.

There will be no control of paces (MA), help may be given.

4. STARTER (Unaffiliated)

Horse & Rider Combination NEVER to have tried an Arena TREC before 1st October 2025.

There will be no control of paces (MA), help may be given.

NEWCOMER

Open to RIDERS not to have been placed 1st in two or more Winter League classes prior to 1st October 2025.

PTV obstacles equivalent to Level 1. No outside assistance

6. **NOVICE HORSE**

Open to HORSES who have not been placed 1st in two or more Winter League classes prior to 1st October 2025.

PTV obstacles equivalent to Level 1. No outside assistance

7. **INTERMEDIATE**

Horse and rider combination not to have been placed 1st in three or more Intermediate classes, or to have won twice in the Open class at WINTER TREC competitions prior to 1st October 2025.

PTV obstacles equivalent to Level 2. No outside assistance

8. **OPEN INTERMEDIATE**

Open to all horses and riders.

PTV obstacles equivalent to Level 2/3. No outside assistance

9. **OPEN**

Open to all horse and rider combinations.

PTV obstacles equivalent to Level 3/4.. No outside assistance

Competitors who are overqualified for league classes may not enter them HC as a warm up, prior to the classes for which they are eligible.

The inaugural TREC GB Championships will be held at Pontispool Equine Sports Centre, near Taunton, Somerset TA4 1BH in May 2026. (Exact date TBC) There is no qualifying criteria for these championships except that horse and rider combinations must have competed during this current season.

Quality Rosettes
wishes all competitors of the
Quality Rosettes TREC series 2024/2025
the very best of luck

www.qualityrosettes.co.uk

What is Arena TREC?

Arena TREC focuses on the MA (Control of Paces) and PTV (Obstacle course) phases of TREC and events are usually run in an indoor or outdoor school.

The PTV is a course of 10 optional obstacles, each with a maximum score of 10 points. There is a large range of obstacles designed to test things that would normally be encountered out hacking in the British countryside. You will not be eliminated if there is something that you cannot or do not wish to do. All you have to do is cease forward movement before the obstacle and tell the judge that you are not attempting it. To find out more, please look at the TREC GB Rulebook

The MA phase consists of a 2m wide corridor between 50 and 150m long, along which the rider canters as slowly as possible before returning by walking as fast as possible without breaking pace. A maximum of 15 points for each of the two stages can be attained, i.e. 50% of the full Summer Series marks.

The Winter League will include results from all TREC GB Arena TREC competitions held from 1st October 2025 to 26th April 2026. In special circumstances, competitions outside these dates may be considered to count for the league by special permission from the Winter Series Working Group. Remember Young Riders League: Open to all riders under the age of 21 (as at the Oct 1st 2026) Young Riders may compete in any class and their best 4 placings will count towards their league in the same way the Open, Intermediate, Intermediate Open, Newcomer and Novice Horse classes work: Points will be awarded for placings (1st = 10 points, 2nd = 9 points, etc) and the best 4 placings for each horse and rider combination will be used to calculate the League standings. If a competitor is eliminated in the PTV phase, there will be no league points awarded for that round, even if they are placed in the class.

The highest four positions will be counted for the league. In the event of equal positions after 4 events the TOTAL actual PTV scores (from 4 events) will be taken into account.

Riders who are not members of TREC GB can join within 48 hours of the competition for their performance at that event to count.

Equine Flu Requirements: TREC GB requires that all equines must be vaccinated against Equine Influenza and that organisers of any events, involving equines, insist that vaccinations are up to date (12-month cycle) and to check passports before horses are unloaded. Full details of the TREC GB Equine Flu Vaccination requirements are available on the website (https://trecgb.com/trec-gb-equine-flu-requirements/)

Your horse should be registered on the TREC GB central register by sending a copy of the full vaccination record and horse registration details from the passport to admin@trecgb.com. Alternatively, your horse will be registered by the Entries Secretary for this event, please include a copy of the vaccination certificate and horse registration details when sending your completed entry in.

QUALITY ROSETTES TREC GB WINTER Arena TREC Series ENTRY FORM

VENT NAME:	VENUE:	DATE
IDERS NAME:		
DDRESS:		
	POSTCODE:	
ELEPHONE:EMAIL	ADDRESS:	
MERGENCY CONTACT DETAILS IN THE EVENT C	OF AN INCIDENT ON THE DAY	
IORSE	HEIGHT	
REC ISLE OF MAN MEMBER Yes/No	TREC GB MEMBER Yes/No Number	
REC GB BLUE MEMBER OR CLUB MEMBER: TICK H ISURANCE POLICY WITH:	ERE IF YOU HAVE 3 RD PARTY PUBLIC LIABILITY INSURA INSURANCE POLICY EXP	
UNAFFILIATED CLASS: PLEASE SELECT		FEE ENCLOSE
1 IN HAND		£
2 LEAD REIN		£
3 JUNIOR		£
4 STARTER		£
AFFILIATED CLASS: PLEASE SELECT	TREC Isle of Man members £10 per class	
5 NEWCOMER	Non Members £15 per class	£
6 NOVICE HORSE		£
7 INTERMEDIATE		£
8 OPEN INTERMEDIATE		£
9 OPEN		£
1		

Rider under 18 years old. YES / NO If the competitor is under 18 a parent or guardian must sign. A parental consent form must also be sent for any riders under 18.

Please sign and date

GENERAL RULES & CONDITIONS

Placing will be decided with the rider gaining the highest combined score from the PTV and MA phases taking the first prize. In the event of equality, the highest score from PTV will take precedence.

RULES AS PER THE TREC GB RULEBOOK AVAILABLE TO DOWNLOAD FROM WWW.TRECGB.COM

Your attention is particularly drawn to Appendix 8 p119 2024 TREC GB Rulebook (7th edition)

- 1. Competitions are open to all horses and ponies providing that they are a minimum of 4 years old for ridden classes and 1 year old for in hand classes.
- 2. Riders, minimum age of 5 years old, juniors may ride horses and seniors may ride ponies.
- 3. No rider will be permitted to start any phase of the event unless wearing a correctly fitted hard hat with the chin strap correctly fastened meeting one or more of the current standards as listed below:

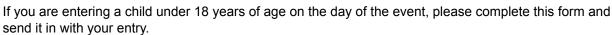
PAS 015 (2011) provided it has a BSI Kitemark OR an Inspec IC Mark VG1 01.040 (2014-12) provided it has a BSI Kitemark OR an Inspec IC Mark ASTM F1163 (2004a or 04a onwards), providing it has an SEI mark SNELL E2016 (or later), providing it has a SNELL label and number AS/NZS 3838 (2006 onwards), providing it has an SAI Global mark

- 4. Riders may choose to wear a body protector during any phase of the competition. If worn, Beta 3 2009 or 2018 standard is strongly recommended.
- 5. Tack & dress informal but safe. Riders must wear suitable riding footwear.
- 6. Standing Martingales and other fixed reins are forbidden. If a running martingale is used, horse must be led from headcollar and lead rope for led PTV obstacles.
- 7. Whips must not exceed 75cms and must be carried in the riders hand. Spurs, if worn, must be rounded, not exceeding 3.5cms in length and must not point upwards.
- 8. The judges and officials' decision is final and must be complied with at all times. Un- corrected error on PTV course will result in a ZERO score for the PTV.

Elimination may result for any of the following reasons: excessive use of whip, abusive language, dangerous riding,

- 9. No horse or pony may compete more than once in any affiliated class.
- 10.The name and contact number of the designated event safeguarding officer (DSO) and TREC GB designated safeguarding lead (DSL), Liane Robinson 07926 980022 should be prominently displayed. The DSO must be present on the day of the competition.

Parental Consent form





Name of Event Date Name of Child Date of Birth Home address of Parent/Guardian (including Postcode) Telephone number (Day) Telephone number (Evening) Mobile Number In case of Emergency Contact Number Additional Details (any information, given in confidence, of which the organisers should be aware - special dietary needs, details of any medication, allergies, disabilities or special needs) If you are not attending the event with your child, please provide the details of the adult who will be responsible for them for the duration of the event. Name Mobile Number Relationship to Child DECLARATION: I have received comprehensive details of this event and consent to my child taking part in the activities indicated. consent to my child receiving any medical treatment which, in the opinion of a qualified medical practitioner, may be necessary. Signed:	seria it iii witii your entry.	V
Name of Child Date of Birth Home address of Parent/Guardian (including Postcode) Telephone number (Day) Telephone number (Evening) Mobile Number In case of Emergency Contact Number Additional Details (any information, given in confidence, of which the organisers should be aware - special dietary needs, details of any medication, allergies, disabilities or special needs) If you are not attending the event with your child, please provide the details of the adult who will be responsible for them for the duration of the event. Name Mobile Number Relationship to Child DECLARATION: I have received comprehensive details of this event and consent to my child taking part in the activities indicated. consent to my child receiving any medical treatment which, in the opinion of a qualified medical practitioner, may be necessary. isigned:	Name of Event	
Date of Birth Home address of Parent/Guardian (including Postcode) Telephone number (Day) Telephone number (Evening) Mobile Number In case of Emergency Contact Number Additional Details (any information, given in confidence, of which the organisers should be aware - special dietary needs, details of any medication, allergies, disabilities or special needs) f you are not attending the event with your child, please provide the details of the adult who will be responsible for them for the furnation of the event. Name Mobile Number Relationship to Child DECLARATION: I have received comprehensive details of this event and consent to my child taking part in the activities indicated consent to my child receiving any medical treatment which, in the opinion of a qualified medical practitioner, may be necessary. General (Parent/Guardian) Date:	Date	
Home address of Parent/Guardian (including Postcode) Telephone number (Day) Telephone number (Evening) Mobile Number In case of Emergency Contact Number Additional Details (any information, given in confidence, of which the organisers should be aware - special dietary needs, details of any medication, allergies, disabilities or special needs) If you are not attending the event with your child, please provide the details of the adult who will be responsible for them for thuration of the event. Name Mobile Number Relationship to Child DECLARATION: I have received comprehensive details of this event and consent to my child taking part in the activities indicated. onsent to my child receiving any medical treatment which, in the opinion of a qualified medical practitioner, may be necessary. Liginged:	Name of Child	
Telephone number (Day) Telephone number (Evening) Mobile Number In case of Emergency Contact Number Additional Details (any information, given in confidence, of which the organisers should be aware - special dietary needs, details of any medication, allergies, disabilities or special needs) If you are not attending the event with your child, please provide the details of the adult who will be responsible for them for the furnation of the event. Name Mobile Number Relationship to Child DECLARATION: I have received comprehensive details of this event and consent to my child taking part in the activities indicated. consent to my child receiving any medical treatment which, in the opinion of a qualified medical practitioner, may be necessary. Signed:	Date of Birth	
Telephone number (Day) Telephone number (Evening) Mobile Number In case of Emergency Contact Number Additional Details (any information, given in confidence, of which the organisers should be aware - special dietary needs, details of any medication, allergies, disabilities or special needs) If you are not attending the event with your child, please provide the details of the adult who will be responsible for them for the function of the event. Name Mobile Number Relationship to Child DECLARATION: I have received comprehensive details of this event and consent to my child taking part in the activities indicated, consent to my child receiving any medical treatment which, in the opinion of a qualified medical practitioner, may be necessary. Ligined: (Parent/Guardian)	Home address of Parent/Guardian	
Telephone number (Evening) Mobile Number In case of Emergency Contact Number Additional Details (any information, given in confidence, of which the organisers should be aware - special dietary needs, details of any medication, allergies, disabilities or special needs) If you are not attending the event with your child, please provide the details of the adult who will be responsible for them for the furnation of the event. Name Mobile Number Relationship to Child DECLARATION: I have received comprehensive details of this event and consent to my child taking part in the activities indicated. consent to my child receiving any medical treatment which, in the opinion of a qualified medical practitioner, may be necessary. Signed: (Parent/Guardian)	(including Postcode)	
Mobile Number In case of Emergency Contact Number Additional Details (any information, given in confidence, of which the organisers should be aware - special dietary needs, details of any medication, allergies, disabilities or special needs) f you are not attending the event with your child, please provide the details of the adult who will be responsible for them for the duration of the event. Name Mobile Number Relationship to Child DECLARATION: I have received comprehensive details of this event and consent to my child taking part in the activities indicated. consent to my child receiving any medical treatment which, in the opinion of a qualified medical practitioner, may be necessary. idigned:	Telephone number (Day)	
In case of Emergency Contact Number Additional Details (any information, given in confidence, of which the organisers should be aware - special dietary needs, details of any medication, allergies, disabilities or special needs) f you are not attending the event with your child, please provide the details of the adult who will be responsible for them for the duration of the event. Name Mobile Number Relationship to Child DECLARATION: I have received comprehensive details of this event and consent to my child taking part in the activities indicated. onsent to my child receiving any medical treatment which, in the opinion of a qualified medical practitioner, may be necessary. signed:	Telephone number (Evening)	
Additional Details (any information, given in confidence, of which the organisers should be aware - special dietary needs, details of any medication, allergies, disabilities or special needs) If you are not attending the event with your child, please provide the details of the adult who will be responsible for them for the duration of the event. Name Mobile Number Relationship to Child DECLARATION: I have received comprehensive details of this event and consent to my child taking part in the activities indicated. sonsent to my child receiving any medical treatment which, in the opinion of a qualified medical practitioner, may be necessary. Signed: (Parent/Guardian)	Mobile Number	
which the organisers should be aware - special dietary needs, details of any medication, allergies, disabilities or special needs) If you are not attending the event with your child, please provide the details of the adult who will be responsible for them for the duration of the event. Name Mobile Number Relationship to Child DECLARATION: I have received comprehensive details of this event and consent to my child taking part in the activities indicated. consent to my child receiving any medical treatment which, in the opinion of a qualified medical practitioner, may be necessary. Signed:	In case of Emergency Contact Number	
Name Mobile Number Relationship to Child DECLARATION: I have received comprehensive details of this event and consent to my child taking part in the activities indicated. consent to my child receiving any medical treatment which, in the opinion of a qualified medical practitioner, may be necessary. Signed:	which the organisers should be aware - special dietary needs,	
Mobile Number Relationship to Child DECLARATION: I have received comprehensive details of this event and consent to my child taking part in the activities indicated. consent to my child receiving any medical treatment which, in the opinion of a qualified medical practitioner, may be necessary. Gigned:	- · · · · · · · · · · · · · · · · · · ·	details of the adult who will be responsible for them for th
Relationship to Child DECLARATION: I have received comprehensive details of this event and consent to my child taking part in the activities indicated. consent to my child receiving any medical treatment which, in the opinion of a qualified medical practitioner, may be necessary. Digned:	Name	
DECLARATION: I have received comprehensive details of this event and consent to my child taking part in the activities indicated. consent to my child receiving any medical treatment which, in the opinion of a qualified medical practitioner, may be necessary. Signed: (Parent/Guardian) Date:	Mobile Number	
consent to my child receiving any medical treatment which, in the opinion of a qualified medical practitioner, may be necessary. Signed:(Parent/Guardian) Date:	Relationship to Child	
Date:	•	- · · · · · · · · · · · · · · · · · · ·
	signed:	(Parent/Guardian)
Please keep this number for your own records: Safeguarding Lead Officer Trish Donnelly 07926 980022	Date:	
	Please keep this number for your own records: Safeguarding Lead Office	er Trish Donnelly 07926 980022
Photograph Consent	Photograph Consent	
understand that photographs and videos may be taken during the event and may be used for press releases, printed publicity an published on the TREC GB (and affiliated clubs) website and Social Media pages.	understand that photographs and videos may be taken during the e	

I give / do not give permission for any photographs or videos of my child taken at the event may be used for the above purpose.

Signed:		(Parent/Guai	rdian)	Date:	
---------	--	--------------	--------	-------	--