

Expression of Interest Form - Fontainebleau 12th – 15th April 2012 CSIOP/CSIP

Name of Rider

Riders Date of Birth.....

Parent/ Guardian Name:

Postal Address:

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Email Address:.....

Contact Number:.....

Please state if the rider will be doing exams this year eg. Junior Certificate/GCSE? If yes then please state the dates the exams will start and finish on:

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.....

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Please enter pony name and tick categories interested in:

Pony Name	CSIP	CSIOP	6/7 year old

Please return form by 10th February 2012 to Aileen Cartwright by email or post.

Email: acartwright@horsesportireland.ie

Address: Horse Sport Ireland, 1st Floor, Beech House, Millennium Park, Osbertown, Naas
Co. Kildare