

Inter Schools Show Jumping entry form

VENUE _____
HOST _____
DATE _____

Please complete this form in BLOCK CAPITALS

NAME OF SCHOOL: _____ TEAM NAME/NUMBER _____

(NOTE: All competitors must be currently in FULL TIME Secondary Education at the School).

STATE IF TEAM IS NOVICE OR OPEN _____
(If there is a novice competition only.)

Team	Competitor's Name	Date Of Birth	Horse/Pony name (as on passport)	Grade of Horse/Pony
	(IN ORDER OF JUMPING)			
1				
2				
3				
4				

Name of Chef d'Equipe : _____

Contact number: Mobile: _____ other _____

(NOTE: Competition run under Inter schools league rules. Only one grade A horse/pony per team) €80 per team.

Individual competition entries taken on day. Contact venue for further information.

I hereby confirm that all the above named students are currently in full time secondary education.

Name of School Principal _____ School Stamp:

Signature of School Principal _____