



Pony Eventing Expression of Interest Form 2015
European Championships Malmo, Sweden August 5th – 9th 2015

Riders Name:

Riders Date of Birth:.....

Parent/ Guardian Name:

Postal Address:

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Parent/Guardian Email Address:.....

Parent/Guardian Phone Number:.....

Name of Trainer(s)

Dressage:.....

Show Jumping:.....

Cross Country:.....

Name of Vet:

.....

Please enter pony name current level of competition:

Pony Name	Level of Competition

Please return this form to Aileen Cartwright acartwright@horsesportireland.ie
 Postal Address: Horse Sport Ireland, 1st Floor Beech House, Millennium Pk, Naas, Co Kildare