Boswell Interschools at Boswell Equestrian Centre SHOWJUMPING ENTRY FORM (Please complete this form in Block Capitals)

VENUE Bos	well Equestrian HOST _	Boswell Eque	<u>strian</u>	
DATE 18th F	February 2017 NAME OF SCI	HOOL		
TEAM NAM	IE/NUMBER			
STATE IF T	HE TEAM IS OPEN OR NOV	ICE		
	ompetitors must be currently in Facembers of Equestrian Interschoo		ondary Education in	the
Team	Competitors	Date Of Birth	Horse/Pony name as on Passport	Grade Of Horse/Pony
	(In order Of Jumping)	Bitui	as on rassport	Tiorse/Folly
1				
2				
3				
4				
Name of Che	ef d' Equipe			
Contact Num (Note: Compo	nber: Mobile/ Other	ague Rules .On	aly One Grade A horse	e/pony
	Intries to Secretary Ph. 087 130 oswell Equestrian Centre Ltd.,			
	hat all the above named students are			
Name of School Pr	rincipal			
Signature of School School Stamp:	ol Principal:			