



Sunday 12th may 2013

TEAM SHOW JUMPING ENTRY FORM

Please complete this form in BLOCK CAPITALS

NAME OF TEAM : _____
 STATE TEAM CAPTAIN THAT WILL BE IN JUMP OFF IF REQUIRED MUST BE
 90CM OR 1M _____

Team	Competitor's Name	Date Of Birth IF UNDER 18	Name of Horse/Pony	Horse/Pony Height to jump 80/90 or 1m
	(IN ORDER OF JUMPING) 80CM 1 st /90CM 2 nd /1M 3 rd			
1				
2				
3				
4				

Name of Team Captain : _____ Contact No: _____

Email address: _____ Please check email for start lists
 and info

(NOTE: The Team captain is responsible for his/her team for the duration of the Competition and must declare the team on arrival and sign the Insurance Tickets at least 45 minutes prior to competing) Own insurance €60 per team.

PLEASE RETURN ENTRY FORM BEFORE 8TH MAY WITH PAYMENT OF €60 FOR TEAM EVENT –
 DERBY ENTRIES ON THE DAY