

**CAVAN EQUESTRIAN CENTRE
 INTERSCHOOL SHOWJUMPING
 SATURDAY 14TH FEBRUARY 2015
 Team Entries Close – Friday 6th February 2015**



NAME OF SCHOOL: _____

TEAM NAME/NUMBER: _____

STATE IF TEAM IS NOVICE: OR OPEN:

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

	Rider	Horse/Pony	Grade of Horse/Pony
	(Order of Jumping)		
1.			
2.			
3.			
4.			

ENTRY FEE: €80 PER TEAM

Chef d'Equipe – Name: _____ Contact No: _____

Email: _____

(NOTE: The Chef d'Equipe is responsible for his/her team for the duration of the competition and must declare the team on arrival and sign the SJI Insurance Tickets at least 45 minutes prior to competing)

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

School Principal Name: _____

Signature of School Principal: _____

RETURN COMPLETED ENTRY FORM – WITH FULL PAYMENT

CAVAN EQUESTRIAN CENTRE, LATT, CAVAN, CO. CAVAN.

Entries Close – Friday 6th February 2015

SCHOOL STAMP