

## <u>WEXFORD EQUESTRIAN</u> <u>NOVICE TEAMS</u>

## INTER SCHOOLS SHOWJUMPING COMPETITION - ENTRY FORM SECONDRY NOVICE TEAMS FORM ONLY

## Sunday 13<sup>th</sup> Sept 2015

## **Please complete in BLOCK LETTERS**

NAME OF SCHOOL	TEAM NAME		
Competitors Name (in order of jumping)	Date of Birth DD/MM/YY	Name of Horse	
1.			
2.			
3.			
4			
Chef d'Equipe/contact : Email address : Tel Contact : (All must be given for start lists to be given out)			
I hereby confirm that all the above n secondary education.  Name of School Principal		e currently in full time ool Stamp:	
Signature of School Principal	nterschools league rian Centre' no late ygullick, Tomhagg	r than <u>WED 9<sup>th</sup> Sept 6pn</u> ard, Co Wexford	<u>a</u>
<b>EMAIL</b> info@wexfordequestrian.ie <b>ENQUIRIES</b> 087-6613088			

See website for details www.wexfordequestrian.ie