



Newbridge College
Tri Equestrian Inter Schools Show Jumping Competition
Sunday 26th November 2017

NAME OF SCHOOL: _____ TEAM NAME _____

STATE IF TEAM NOVICE OPEN PRIMARY

Team	Competitor's Name (In order of Jumping)	Date Of Birth	Name of Horse/Pony	EII Number	Grade
1					
2					
3					
4					

Name of Chef d'Equip : _____ Contact No: _____

Email address: _____

(NOTE: The Chef d'Equip is responsible for his/her team for the duration of the Competition and must declare the team on arrival at least 45 minutes prior to competing) €80 per team Open & Novice and €70 Primary.

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

Name of School Principal _____ School Stamp:

Signature of School Principal _____

Please return completed entry form and cheque made payable to 'Newbridge College Equestrian Club' no later than Thursday 23rd November to: Yvonne Byrne, Oak Way, Walshestown, Newbridge, Co. Kildare.
 Enquiries to Yvonne Byrne 087 2070217. e-mail: equestrianclubnewbridgecollege@gmail.com