



WEXFORD EQUESTRIAN

INTER SCHOOLS SHOWJUMPING COMPETITION - ENTRY FORM
PRIMARY SCHOOLS FORM ONLY

Sunday 14th Sept

Please complete in BLOCK LETTERS

NAME OF SCHOOL _____ TEAM NAME- _____

**PRIMARY SCHOOL TEAM 2 JUMP 50CM 2 JUMP 70CM ONE FROM EACH
 HEIGHT JUMP AGAINST THE CLOCK**

| Competitors Name (<u>in order of jumping</u>) | Date of Birth <u>DD/MM/YY</u> | Name of Horse | |
|--|--|----------------------|--|
| 1. 50CM | | | |
| 2.50CM | | | |
| 3.70CM | | | |
| 4.70CM | | | |
| 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 named students are currently in full time PRIMARY education.

Name of School Principal _____ School Stamp:

Signature of School Principal _____

Please return entry form with cheque €80 TEAM **TOTAL ENC _____**
PRIMARY SCHOOLS COMP WILL RUN IF SUFFICIENT TEAMS ENTERED
SCHEDULE WILL DEPEND ON NUMBERS ENTER SO TBC

Chq made payable to 'Wexford Equestrian Centre' no later than WED 10th Sept 6pm to: Wexford Equestrian , Riverfalls,Ballygullick, Tomhaggard, Co Wexford

EMAIL info@wexfordequestrian.ie
ENQUIRIES 087-6613088
See website for details www.wexfordequestrian.ie