



INTER SCHOOLS SHOWJUMPING COMPETITION - ENTRY FORM
PRIMARY SCHOOLS FORM ONLY

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(or all at 70cm if desired)

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- pls see updated rules for primary schools on the interschools website			

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** _____

Chq made payable to 'Wexford Equestrian Centre' no later than **Thurs Prior 6pm**
to: **Wexford Equestrian , Riverfalls,Ballygullick, Tomhaggard, Co Wexford**

EMAIL info@wexfordequestrian.ie

ENQUIRIES 086-3902309

See website for details **www.wexfordequestrian.ie**