

ATHY

Inter Schools Show Jumping Competition

Sunday 23rd October, 2016

VENUE: COILÓG EQUESTRIAN CENTRE, KILDARE

SECONDARY SCHOOL ENTRY FORM

Please complete this form in BLOCK CAPITALS

| NAME OF SCHOOL: | | | TEAM NAME/NUMBER: | | |
|---------------------------|---|------------------|---------------------|-----------------|------------------------|
| | II competitors must be currently is of Equestrian Interschools, see w | | econdary Edu | cation at the S | school and |
| STATE IF | TEAM IS NOVICE OR OPEN | | | | |
| | | | Email: | | |
| Team | Competitor's Name and membership number IN ORDER OF JUMPING | Date of Birth | Name of I | Horse/Pony | Grade of Horse/Pony |
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| NE | 3: Competition run under Intersc | hools league r | l ules. Individu | ual entries tak | en on day. |
| I hereby co | onfirm that all the above named s | students are cu | rrently in full | time seconda | ry education. |
| Name of School Principal: | | | | SCHOOL STAMP | |
| Signature (| of Principal: | | _ | | |
| | | | | | |

ENTRY FEE: €80 PER TEAM. Please return completed entry form, signed and stamped with cheque made payable to 'Ardscoil na Tríonóide' and the waiver form no later than Friday 21st October 2016



to: Aisling Carter, Ardscoil na Tríonóide, Rathstewart, Athy, Co. Kildare. Enquiries to 086 0873729 or aislingcarter@gmail.com