



Newbridge College Inter Schools Show Jumping Competition Sunday 25th September 2016

NAME OF SCHOOL:			TEAM NAME		
STATE	IF TEAM NOVICE		OPEN	PRIMARY	
Team	Competitor's Name	Date Of	Name of Horse/Pony	EII Grade	
	(In order of Jumping)	Birth		Number	
1					
1					
2					
3					
4					
Name of Chef d'Equip : Contact No:					
Email	address:				
(NOTE	: The Chef d'Equip is responsible n on arrival at least 45 minutes pri	for his/her te	eam for the duration of the Co	mpetition and must declare	
I hereby confirm that all the above named students are currently in full time education.					
Name of School Principal			School Stamp:		
Signat	ure of School Principal				

Please return completed entry form and cheque made payable to 'Newbridge College Equestrian Club' no later than Thursday 22nd of September to: Yvonne Byrne, Oak Way, Walshestown, Newbridge, Co. Kildare. Enquiries to Yvonne Byrne 087 2070217. e-mail: equestrianclubnewbridgecollege@gmail.com