



WEXFORD EQUESTRIAN

INTER SCHOOLS SHOWJUMPING COMPETITION - ENTRY FORM
PRIMARY SCHOOLS FORM ONLY

Please complete in BLOCK LETTERS

NAME OF SCHOOL _____ TEAM NAME-_____

PRIMARY SCHOOL TEAMS CONSISTS OF 55 & 75 RIDERS – PLEASE INDICATE WHICH HEIGHT YOU WANT TO JUMP ON THE ENTRY FORM !

Competitors Name (<u>in order of jumping</u>)	Date of Birth <u>DD/MM/YY</u>	Name of Horse	EEI Number Here
1. 55or 75cm			
2.55 or 75cm			
3.55 or 75cm			
4.55cm or 75cm			
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 PRIOR 6pm**
to: **Wexford Equestrian , Riverfalls,Ballygullick, Tomhaggard, Co Wexford**

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