



WEXFORD EQUESTRIAN

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 55CM 2 JUMP 75CM ONE FROM EACH
HEIGHT JUMP AGAINST THE CLOCK

Competitors Name (in order of jumping)	Date of Birth <u>DD/MM/YY</u>	Name of Horse	
1. 55CM			
2.55CM			
3.75CM			
4.75CM			
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