

ENTRY FORM

(ONLY 1 FORM PER RIDER PLEASE)



TOURNAMENT

DATE OF BIRTH:

MEMBER CLUB

RIDER NAME

(main club only)

CONTACT NO

CAN I ASSIST?

WARM UP	DRESSAGE	JUDGES	ENTRY	OTHER
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EMAIL ADDRESS

(mark with X)

NAME OF HORSE	GENDER	HORSE LEVEL			RIDER LEVEL			NATIONAL MEMBERSHIP NO: <input style="width: 100%;" type="text"/>								ENTRY	STABLING	TOTAL	
	S/G/M	Jumping	Dressage	Eventing	Jumping	Dressage	Eventing	COMPETITION NUMBERS											
SUB TOTAL																			
FIRST AID FEE/ RIDER:																			
GRAND TOTAL DUE TO CLUB:																			

DATE SUBMITTED:

PAYMENT METHOD

CASH	EFT	CHEQUE
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SPECIAL REQUESTS FOR STABLING:

CAMP SITE REQUEST:

HORSE PASSPORT NUMBER

MEDICAL AID NO:

KNOWN MEDICAL ALLERGIES:

BLOOD TYPE:

COMPULSORY INFORMATION (MARK WITH X)

VACCINATION:	AHS	EQUINE FLU

www.namef.org.na

"I declare that the above particulars are true and agree that if the said particulars are incorrect, my entries and entry fees will be forfeited by the Show Organizers. I agree that I am bound by the relevant rules and regulations of NAMEF and the FEI and entry rules as set out in the schedule.

SIGNATURE: (RIDER OR LEGAL GUARDIAN OF CHILDREN/JUNIOR RIDERS) _____