

Ower Equestrian Centre
Tri Equestrian Inter Schools Show Jumping Competition
Sunday 1st December 2019

NAME OF SCHOOL: _____ TEAM NAME _____

STATE IF TEAM NOVICE OPEN

Team	Competitor's Name (In order of Jumping)	Date Of Birth	Name of Horse/Pony	EII Number	Grade
1					
2					
3					
4					

Name of Chef d'Equip : _____ Contact No: _____

Email address: _____

(NOTE: The Chef d'Equip is responsible for his/her team for the duration of the Competition and must declare the team on arrival at least 45 minutes prior to competing) €80 per team Open & Novice

I hereby confirm that all the above named students are currently in full time education.

Name of School Principal _____ School Stamp:

Signature of School Principal _____

*Please return completed entry form and cheque made payable to 'Ower Equestrian Club' no later than Wed 27th Nov: Ower Equestrian Centre, Ower East, Roscahill, Galway H91 KH5H. Enquiries: Orla: 086 3626607
e-mail entries to: ower.equestrian@gmail.com*