



BALLINAMONA EQUESTRIAN CENTRE

INTER SCHOOLS SHOWJUMPING COMPETITION - ENTRY FORM

SATURDAY 9TH OF DECEMBER 2017

Please complete in BLOCK LETTERS

NAME OF SCHOOL		TEAM COLOUR		
STATE IF TEAM IS NO	VICE OR OPEN			
Competitors Name (in order of jumping)	Date of Birth DD/MM/YY	Name of Horse	Grade	
1.				
2.				
3.	· ·			
4.		į.		
Chef d'Equipe:				
I hereby confirm that all the secondary education.	above named stud	dents are currently ir	full time	
Name of School Principal		School Stamp:		
Signature of School Principal		•		
Please return entry form v 'Ballinamona Equestrian (to: <u>Ballinamona Equestria</u>	vith cheque €80 n Centre' no later t	nade payable to han <u>WEDNESDAY</u>	6 TH DEC	
EMAIL	info@ballinamonaequestrian.ie			
<u>FAX</u> ENQUIRIES	051-871 087-684			