



**XV Sportowe Mistrzostwa Polski
Koni Arabskich Czystej Krwi**



ENTRY FORM

4th – 8th October 2024.

VENUE address: Stadnina Koni Michałów Sp. z o.o. 28 – 411 Michałów

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Name of Horse:			
Colour:	Sex: mare, stallion, gelding	Date of Birth:	
Sire:		Dam / Sire of Dam:	
Studbook:	Horse Passport No.:		
Breeder:			
Name Owner:			
Adresse:			
Tel.No:		e-mail:	
Name Rider:			
Address:			
Tel.No:		e-mail:	
Dat of Birth.:	Licence:Yes	No:	
Name 2.Rider:			
Address:			
Tel.No:		e-mail:	
Dat of Birth.:	Licence:Yes	No:	
Stable from:		to :	
Tackbox,numbers:			
In case of cancellation of the event the deposit will be paid back			
Name Bankaccountholder: Klub Jeździecki Michałów im. 1 Pułku Strzelców Konnych Event: XV Sportowe Mistrzostwa Polski Koni Arabskich		Used for Horse/s name/s	Total send:
Banking account: Bank Spółdzielczy w Michałowie		64 8509 0002 2002 0010 2108 0001	



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Please send a copy of the horse's pedigree with this entry form.

On the time schedule, tick the box in front of the class, you want to compete.

declare Horse & Riders name

After your arrival, please hand the horse's passport (including the influenza Vaccinations according to FEI rules) over to the show office.

Early arriving horses: please follow your stable map and inform the show office immediately after your arrival!

With this entry form you declare to accept the rules of ECAHO Green Book, the Invitation to the event and the rules of NADA (National Anti Doping Agency).

Entry form must be CLEARLY readable, please use BLOCK LETTERS or a typewriter.

Each horse needs one entry form!

If a horse is ridden by two riders, declare clear who is riding what class, who is in All Around (same rider).

Your information is the basis for the speaker, the show office and the catalogue.

With your signature you declare your agreement that the organizer is entitled to use these information and photos in the catalogue and for the press information.

CATEGORIES , ECAHO GREEN BOOK/NF /FEI/, please tick level	Novice	Advance	Master	NCh
Dressage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Show Jumping	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>
Classic Pleasure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Traditional Arabian Riding cl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Hunter Pleasure Pleasure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Others (please state): Polish Historical Costume		<input type="checkbox"/>		<input checked="" type="checkbox"/>

ENTRY FORM to be sent to: zawody@stadninamichalow.pl

Full name & Signature of

Person responsible for the horse:

Person responsible for children 8-12 years

Owner:

Rider:

2.Rider

Date:.....