

All Nations Cup Riding Competition

ECAHO National Championships PRIZEMONEY by EBF www.VZAP.org, www.all-nation-cup.org



ENTRY FORM ANC Riding Competition 22th – 24th September 2023

VZAP, D-30926 Seelze, Im Kanaleck 10

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

Name of Horse:			
Colour:	Sex: mare, stallion, gelding	Date of Birth:	
Sire:	1	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: Tackbox, numbers: Campinglot: YES	to: NO		
In case of cancellation of the event the deposite will be paid back			
Name Bankaccountholder: VZAP Event: ANC Riding Competition		Used for Horse/s name/s	Total send:
Banking account: Sparkasse Hannover		IBAN: DE61 2505 0180 0000 5423 00	BIC: SPKHDE2HXXX



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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 on top of first page. After your arrival, please handle the horse's passport (including the influenza Vaccinations according to FEI rules) over to the show office. Open 22.09. at. 7.00 am Early arriving horses: please follow your stable map and inform Peter Hegemann 0049 175 295 36 76 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 LPO/ FN.				
Each horse needs one entry form!				
With your signature you declare your agreement that the organizer is entitled to use these information for the press information.				
Please circle:	YES = able to participate, tick the box			
Dressage:				
Trail: w				
Trail: cl				
Show Jumping:				
Classic Pleasure:				
Western Pleasure:				
Trad. Arabian Riding w:				
Trad. Arabian Riding cl:				
Hunter Pleasure:				
Ranch Riding:				
ENTRY FORM to be sent to: koerber-boehnke@vzap.org				
Full name & Signature of Person responsible for the horse: Owner: , Trainer: ; Rider:		Person responsible for children 8-12 years		
Rider: Full name & Signature		2. Rider: Full name & Signature		
Date:				