



6. All Nations Cup - Straight Egyptians, 26.-28.09.2025, Aachen, Germany

Closing date of entry: 17.08.2025



Please note, that all fields, especially the red marked ones, have to be filled out properly!

ENTRY-FORM (only one horse per form)

Owner: _____ Country: _____ **Citizenship:** _____

Address: _____

Tel.: _____ E-mail: _____

Breeder: _____ Country: _____ **Citizenship:** _____

This show is affiliated with
the
European Arab Horse Show
Commission
Affiliation No.
83-2025/GER

By the closing date of entries, the horse is registered in the studbook of:				Country:	Studbook / Association	Reg. No.
Class:	Name of the horse:		Sire:	S	<p>I, the undersigned person, engage that I and my employees and assistants hold entire responsibility for the horse entered and I accept without restriction the statutes, regulations and jurisdiction of ECAHO. Furthermore, concerning the horse entered, I agree to declare any actual and/or apparent conflict of interest of myself and/or my employees and/or assistants with the judges.</p> <p>O There is an actual and/or apparent conflict of interest with judge:</p> <p>_____</p> <p>O There is no conflict of interest with any judge</p>	
				D		
	Date of birth:		Dam:	S		
	Sex:	Colour:		D		
Qualifications:						Name of the person who signs the form:
						Billing Address (incl. country):
Pregnant mares (tick if applicable): <input type="checkbox"/> Mare is pregnant Last date of service: _____						
Photocopies of the presently valid registration documents are enclosed. This entry form is not valid without signature and the full contact details of the person who signs it. The person responsible for the horse is the registered owner or the lessee, but the person who signs the entry form, the handler, and other support personnel including but not limited to grooms and veterinarians may be regarded as additional persons responsible if they are present at the event or have made a relevant decision about the horse.						Tel.: _____
Capacity in which you sign (owner, trainer, assistant, other – please state): Date & Signature:						E-mail: _____
						Entry forms to be send to: Viola Speier, Tribseeser Chaussee 12, D-18334 Bad Sülze, speier@vzap.org, Fax: 0049 38229-174999, Phone: 0049 177 8872380