

I. ENTRY FORM

FEDERATION EQUESTRE INTERNATIONALE

2011 Standard Entry Form/Qualification form *(to be included in all Entry forms)*

Event Name: _____

Date: _____

Format:	CCI / CIC	Level	1* (one star)	2* (two star)
			3* (three star)	4* (four star)

Status: Championship Games CCIO World Cup™

ATHLETE: *(See separate sheet for qualifications)*

Full Name: _____ Mr/Mrs/Miss

FEI Reg No: _____

Permanent Address: _____

Country: _____ Post/Zip Code: _____

Tel No: _____ Fax No: _____

Mobile No: _____ Email Address: _____

Nationality: _____ Date of Birth: _____

Country of Residence: _____ *(for tax purposes)*

Contact Address: _____

(if different from above)

Country: _____ Post/Zip Code: _____

Tel No: _____ Fax No: _____

Mobile No: _____ Email Address: _____

HORSE: *(See separate sheet for qualifications)*

Name: _____

FEI Reg No: _____ **Year of Birth:** _____

I certify that the above information is correct and that if the entry is accepted, I will abide by the FEI Rules and Regulations and by the conditions of the Schedule of the Competition.

Signed: _____ Date: _____

(Athlete)

2011 MINIMUM ELIGIBILITY REQUIREMENTS FOR ATHLETES AND HORSES

This form must be completed and returned with Entry Form for all competitions above 1 star level

HORSE Name..... **FEI Registration No**

Qualifying results as specified under Art 506.2

Type of Event	Level	Name of event	Date	Athlete	Dressage %	XC Time Pen.	XC Jump Pen.	SJ Jumping Pen.	Final Placing

ATHLETE Name **FEI Registration No**

(need only be completed if different to Horse qualification above)

Qualifying results as specified under Art 506.2

Type Event	Level	Name of event	Date	Horse	Dressage %	XC Time Pen.	XC Jump Pen.	SJ Jumping Pen.	Final Placing

Signature: Athlete
(Signed)

NF
(Signed)

OWNER(S) (As recorded in the FEI Passport)

1. Full Name: _____ Mr/Mrs/Miss/*Company
 Address: _____

 Country: _____ Post/Zip Code: _____
 Tel No: _____ Fax No: _____
 Mobile No: _____ Email Address: _____
 *Company contact name: _____

2. Full Name: _____ Mr/Mrs/Miss/Company
 Address: _____

 Country: _____ Post/Zip Code: _____
 Tel No: _____ Fax No: _____
 Mobile No: _____ Email Address: _____
 *Company contact name: _____

HORSE:

Name: _____
 FEI REG / FEI Pass.No: _____ Dam: _____
 Year of Birth: _____ Breed: _____
 Sex: _____ Height: _____
 Colour: _____ Stud Book No: _____
 Sire: _____ Country of Birth: _____ :

COMMENTARY NOTES

Please fill in the details for Press, PR, Commentary and Programme purposes

Horse: _____

Athlete: _____ XC Colours: _____

Marital Status: _____ Maiden Name: _____

Partner's Name _____ Occupation: _____

Previous Competitor at
Event: _____

Name of Trainer: _____

Owner's Details: _____

Sponsor's details _____

Athlete's Equestrian History, i.e. important past successes:

Horse's Previous Form, e.g Three Day Events (CCI), Championship, CICs etc:

Any other point of interest e.g Owner, Breeders :

EMERGENCY CONTACT DETAILS

Please complete & return with Entry Form
(this information will only be used by the Organisers)

CONTACT DETAILS (at event in case of emergency)

Horse Name : _____

Rider Name : _____ mob n° : _____

Owner / Groom : _____ mob n° : _____

HORSE BOX DETAILS

Registration N° : _____

Colour : _____

Make : _____

Length : _____

NEXT OF KIN CONTACT DETAILS

(Please provide next of kin details for 2 people who will be able to contact during the event)

NEXT OF KIN DETAILS (Please state if next of kin attending this event)

Name : _____ attending event : yes / no

Address : _____

Tel n° _____ Mob n° : _____

Relation to rider : _____

Name : _____ attending event : yes / no

Address : _____

Tel n° _____ Mob n° : _____

Relation to rider : _____

STABLING FORM

Date of arrival : Tues August 16th / Wed August 17th / Thurs 18th AM / PM

Please state type of bedding you require : SHAVINGS / STRAW

Please note that two bales of shavings will be provided on arrival, any further bales will need to be paid for at the Stable Manager's office. Straw is provided. Hay can be bought on site.

Special requests : _____

If riding another horse please state : _____

Please present your rider record and medical card at the secretary office on arrival in exchange of your stable number and rider pack.

Name of Groom : _____

I hereby acknowledge that before making this entry, I have received and carefully read the General Conditions of Le Grand Complet Haras du Pin Horse Trials and that I make this entry in accordance therewith and at my own risk. I agree in all respects to comply with and abide by these General Conditions. I acknowledge that save for death or personal injury caused by the negligence of the Organisers or anyone for whom they are in law responsible, neither the organisers, the Organising Committee of the event, the FEI, the French Federation, the Haras du Pin Estate nor any agent, employee or representative of these bodies accepts any liability for any accident, loss, damage, injury, illness to horses, owners, riders, grooms, spectators, land or any other person or property whatsoever, whether caused by their negligence, breach or contract or any way whatsoever. I further agree to keep the Organising Committee of Le Grand Complet Haras du Pin and their said principals fully indemnified against all claims and actions for any loss or damage, howsoever caused, that shall be made against them and also against any loss or damage, howsoever caused, that shall be suffered by them arising from or contributed to in any act, neglect or omission of myself or of any person for whom or any animal for which I may be responsible :

SIGNED :..... date :

I enclose

Entry form (one per horse)
Entry fee or copy of the bank transfer