

Name Athlete	
Address:	
Nationality	
Email address athlete	
Mobile number athlete	
Mobile number groom	
	CPEDI-3* <input type="checkbox"/> CPEDI-2* <input type="checkbox"/> Grade: Grade:
FEI Number of Rider:	
Request FEI Classification Athlete	YES <input type="checkbox"/> NO <input type="checkbox"/>
Tackbox	YES <input type="checkbox"/> NO <input type="checkbox"/>
Large Box	YES <input type="checkbox"/> NO <input type="checkbox"/>
Health certificate horse return home	YES <input type="checkbox"/> NO <input type="checkbox"/>
Name of Horse 1:	
FEI Number Horse 1:	
Name of Horse 2:	
FEI Number Horse 2:	

Date: _____ - _____ 2023

Signature Athlete: _____