

# PUNCHESTOWN INTERNATIONAL THREE DAY EVENT & HORSE SHOW 18<sup>TH</sup> - 21<sup>ST</sup> MAY, 2006

## 2006 Standard Entry Form/Qualification form

<b>Class</b>	3*(Three Star)	2*(Two Star)	Y 2*(Young Rider Two Star)
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**RIDER:** *(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: \_\_\_\_\_

*(Rider)*

**National Federation Approval:**

By signing the below, the NF of the rider mentioned on this entry form confirms that the rider and the horse (s) are duly qualified as per attached qualification form or competent to compete (CCI\*, CIC\*, CCIO\*) for the event as per all applicable rules.

Name of NF: \_\_\_\_\_

Signature of NF Representative: \_\_\_\_\_

Stamp of the NF: \_\_\_\_\_

**QUALIFICATIONS**

*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	Rider	Dressage %	XC Time Pen.	XC Jump Pen.	SJ Jumping Pen.	Final Placing

**RIDER 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: Rider (Signed) ..... (Signed) ..... NF .....

**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: \_\_\_\_\_ :

**STABLING**

Arrival date & time Mon 15<sup>th</sup> May Tue 16<sup>th</sup> May AM Tue 16<sup>th</sup> May PM Wed 17<sup>th</sup> May AM  
 Bedding Required Straw Wood Shavings Paper None  
 Special Requests: \_\_\_\_\_

**ACCOMODATION & ELECTRICITY**

Electrical connection for own lorry or caravan €110 (Must be pre-booked)

Accommodation Required **No of People**  @ €140 =

**No of Males**  **No of Females**

**Note:** Accommodation is provided in shared caravans. Caravans will have electrical connection.

**PAYMENT**

Summary of  
payment

<input type="checkbox"/>	<b>Entry Fee @ €520</b> (including €170 stabling fee & CHF12.50 MCP Levy)
<input type="checkbox"/>	<b>Electrical Connection @ €110</b>
<input type="checkbox"/>	<b>Accommodation @ €140</b>

**Total to Pay**

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Method of Payment    Euro Cheque    Euro Draft    Credit Card  
(tick one)                    **All cheques and drafts to be made payable to "Punchestown 3DE Ltd."**

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Credit Card Type    Visa    Mastercard

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Credit Card Number    ---

Expiry Date                    -                    CVV Number                   

Name on Card

Card Billing  
Address

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**COMMENTARY NOTES**

Horse: \_\_\_\_\_

Rider: \_\_\_\_\_ XC Colours: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

Partner's Name \_\_\_\_\_ Occupation: \_\_\_\_\_

Competed Previously at  
Punchestown? \_\_\_\_\_

Name of Trainer: \_\_\_\_\_

Owner's Details: \_\_\_\_\_

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

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