

## Show Entry Form „Pasos & Pasión“, D-36103 Flieden, June 20/21, 2015

<b>Horse:</b>		DoB:	
Sire/Dam:		Sex:	<input type="checkbox"/> S <input type="checkbox"/> G <input type="checkbox"/> M
Breeder:		Color:	

(Details on the pedigree not required if horse has already been registered with the PFAE)

Horse is shown as:  Adult  Schooling (up to 84 months)

Horse liability insurance, Contract No.: .....

<b>Owner:</b>		<input type="checkbox"/> PFAE-Member
Address:		<input type="checkbox"/> PFHAS-Member
tel/e-mail:		<input type="checkbox"/> IGV-Member
<b>Rider:</b>	<input type="checkbox"/> Youth	<input type="checkbox"/> PFAE-Member
Address:		<input type="checkbox"/> PFHAS-Member
Tel./e-mail:		<input type="checkbox"/> IGV-Member

(For youth riders please state date of birth)

Send confirmation of show entry to:  owner  rider

Fees according to invitation	Amount	Show-Classes	Amount
Basic Fee	€		€
Starting Number	10.- €		€
Registration Fee	€		€
Box / Paddock	€		€
Tack Box	€		€
Camping	€		€
Extra Fee (Stallion) Performance Test	€		€
<b>Sub-Total Fees</b>	<b>€</b>	<b>Sub-Total Show Classes</b>	<b>€</b>
		<b>Total Fees to be paid</b>	<b>€</b>

( ) Will join the Dinner on Friday, June 19, 2015 with a total of \_\_\_\_\_ persons

( ) Yes, would like to have a possibility for breakfast at the show grounds for \_\_\_\_\_ persons

Payment of all fees done through bank transfers on \_\_\_\_\_ to following bank account :

**Britta und Gerhard Mülle, Sparkasse Fulda**

**BIC: HELADEF1FDS**

**IBAN: DE11 5305 0180 0005 4354 05**

I confirm the above mentioned statements and agree with all points mentioned in the entry form. In the event and stabling of horses is at owner's risk. During the entire show riders respectively owners are liable for their horses. Show organizer, manager, officials and judges exclude any liability as far as permitted. I confirm the above mentioned horse has full liability insurance, has no diseases and comes from healthy stock. The participants confirm that he/she will not take any legal action against decisions of the show management by signing this document.

City: ..... Date: ..... Signature: .....