

Centre Equestre Kobenbour (Luxbg.), September 1st, 2007

Please send this Form to: Marc Reuter, 19, rue Laach, L-7681 Waldbillig, Fax 00352 729653
E-mail zippoandlynn@hotmail.com

HORSE NAME:
OWNER NAME:
RIDER NAME:
PHONE NUMBER:
EMAIL:
CONTACT ADDRESS:

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HORSE ID :
OWNER ID:
RIDER ID:
EXP. DATE:
OPEN
AMATEUR

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| | BEGINNER |
| | YOUTH |

WRAL ENTRY FORM

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|--------------|------|--------------------------------|-----------|-------|
| 18 WRAL | 440 | HUNTER UNDER SADDLE | OPEN | 15,00 |
| 20 WRAL | | HUNTER HACK | OPEN | 15,00 |
| 50 WRAL/FLSE | 340 | REINING (€ 150,-) | OPEN/FLSE | 15,00 |
| 34 WRAL/FLSE | 380 | TRAIL (€150,-) | OPEN/FLSE | 15,00 |
| 42 WRAL/FLSE | 420 | W. PLEASURE AA (€150,-) | OPEN/FLSE | 15,00 |
| 15 WRAL | 1201 | SHOWMANSHIP AT HALTER | AMATEUR | 15,00 |
| 25 WRAL | 2401 | WESTERN HORSEMANSHIP | AMATEUR | 15,00 |
| 45 WRAL | 3401 | REINING | AMATEUR | 15,00 |
| 38 WRAL | 3801 | TRAIL | AMATEUR | 15,00 |
| 41 WRAL | 4201 | WESTERN PLEASURE | AMATEUR | 15,00 |
| 13 WRAL | 1202 | SHOWMANSHIP AT HALTER | BEGINNER | 10,00 |
| 21 WRAL | 2405 | WESTERN HORSEMANSHIP WALK/TROT | BEGINNER | 10,00 |
| 43 WRAL | 3402 | REINING | BEGINNER | 10,00 |
| 32 WRAL | | TRAIL WALK-TROT | BEGINNER | 10,00 |
| 33 WRAL | 3802 | TRAIL | BEGINNER | 10,00 |
| 29 WRAL | 4202 | W.PLEASURE | BEGINNER | 10,00 |
| 27 WRAL | 4205 | W.PLEASURE WALK-TROT | BEGINNER | 10,00 |
| 22 WRAL/FLSE | 2402 | WESTERN HORSEMANSHIP | BEGINNER | 10,00 |
| 31 WRAL | 111 | LEAD-LINE 4-12 | YOUTH | 5,00 |
| 14 WRAL | 1204 | SHOWMANSHIP AT HALTER | YOUTH | 7,00 |
| 23 WRAL | 2404 | WESTERN HORSEMANSHIP | YOUTH | 7,00 |
| 28 WRAL | | W.PLEASURE WALK-TROT | YOUTH | 7,00 |
| 40 WRAL/FLSE | 4204 | W.PLEASURE | YOUTH | 7,00 |
| 44 WRAL/FLSE | 3404 | REINING | YOUTH | 7,00 |
| 36 WRAL/FLSE | 3804 | TRAIL | YOUTH | 7,00 |

TOTAL CLASSES:
OFFICE CHARGE

IF COMPLETED & PAID BEFORE 21.08.06, THEN YOU'LL
GET 15.- EUR BACK (YOUTH RIDERS WILL GET 30.- EUR BACK)

TOTAL EUR

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| |
| 30.- |
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WAIVER OF RESPONSIBILITY

I, the undersigned, agree that neither the show-management nor the owner of the arena accept any responsibility for accident, loss or damage to persons, horses or properties, how so ever caused and that I comply with the rules as stated in the showannouncement. With my binding signature I hereby confirm that I'll pay the expenses for veterinary examination if such will be necessary and that the above mentioned horse is free of disease and covered by a liability insurance on the showday.

SIGNATURE:..... DATE:.....

This form must be send to : REUTER Marc, 19, rue Laach. L-7681 WALDBILLIG
TEL.: ++352 26870717 Fax.: ++352 729653 E-Mail: zippoandlynn@hotmail.com