

Central European Endurance Cup

Application Form

Rider

Mrs.: <input type="checkbox"/>	Mr: <input type="checkbox"/>	Title:	_____
First Name:	_____	Last Name:	_____
Date of Birth:	_____	Junior <input type="checkbox"/>	Young Rider <input type="checkbox"/>
Nationality:	_____	Riding for Country:	_____
Adress:	_____		
Post Code:	_____	City:	_____
Country:	_____	Phone:	_____
e-mail:	_____	Fax:	_____
Language:	<u>English</u> <input type="checkbox"/> others: _____		

Horse

FEI –Passport:	_____	National Passport or Studbook initials	_____
Name of Horse:	_____		
Race:	_____	Age:	_____
		Sex:	_____
Country of Birth:	_____		

Horseowner (not necessary if the owner is the same as the competitor):

Name of the Owner:	_____
Adress:	_____
Post code:	_____
City:	_____
Country:	_____

The applicationform and the results must be sent immediately following the event to:

Mrs. Anita Gödl
Meinonggasse 19
8010 Graz
Austria
Fax: ++43 316 377464
e-mail: anita.goedl@utanet.at