



Tattersalls Ireland

INTERNATIONAL HORSE TRIALS

Incorporating the HSBC FEI World Cup™ Eventing Qualifier

28th – 31st May 2009

CICW*** CCI** CCI**U-25 CCI* CCIJ*
CCNP**



RIDER: (See separate sheet for qualifications WHICH MUST ALSO BE COMPLETED)

Full Name:

Mr/Mrs/Miss

FEI Reg No:

Permanent
Address:

Country:

Post 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 Code:

Tel No:

Fax No:

Mobile No:

Email Address:

HORSE: (See separate sheet for qualifications WHICH MUST ALSO BE COMPLETED)

NAME:

FEI REG / FEI
Pass. No:

NATIONAL Pass.
No:

Year of Birth:

Sire:

Sex:

Dam:

Colour:

Breed:

Height:

Stud Book No:

Country 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.

Signature _____

TATTERSALLS GRADUATE AWARD in each class to the highest placed horse sold through the ring at any Tattersalls Sale. TATTERSALLS AWARD for the highest placed thoroughbred in each class. Please indicate when you enter if you are eligible for either of these awards.

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2009 QUALIFICATIONS

This form must be completed and returned with Entry Form for all competitions

HORSE Name..... **FEI Registration No**
.....

Qualifying results as specified under Art 506.2

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

Level	Name of event	Date	Horse	Dressage %	XC Time Pen.	XC Jump Pen.	SJ Jumping Pen.

OWNER INFORMATION

OWNER (S) *(As recorded in the FEI Passport)*

1. **Full Name:** _____ **Mr/Mrs/Miss/*Company**
Address: _____
Country: _____ **Post Code:** _____
Tel No: _____ **Fax No:** _____
Mobile No: _____ **Email Address:** _____

*Company contact: _____

2. **Full Name:** _____ **Mr/Mrs/Miss/Company**
Address: _____
Country: _____ **Post Code:** _____
Tel No: _____ **Fax No:** _____
Mobile No: _____ **Email Address:** _____

*Company contact name: _____

CONTACT NUMBERS

Next of Kin _____

Relation to Rider _____ **Attending Event YES /NO**

Mobile Number _____ **Home Number** _____

Groom _____ **MOBILE NO** _____

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PAYMENT DETAILS

Payment by cheque, Bankers Draft, Credit Card.

ONLINE: www.eventingireland.com

Currency: Euro

Cheques made payable to Tattersalls Ireland Ltd

ENTRY FEE	CCI **	€550	<input type="checkbox"/>	ENTRY FEE	CCI **U-25	€500	<input type="checkbox"/>
ENTRY FEE	CCI *	€550	<input type="checkbox"/>	ENTRY FEE	CCIJ*	€500	<input type="checkbox"/>
ENTRY FEE	CIC-W***	€350	<input type="checkbox"/>	ENTRY FEE	CCNP**	€475	<input type="checkbox"/>
Electric Hook up		€100					

Entries by post to
Margaret Spiers, 12 Bridge Street, Killyleagh, Co.Down
BT30 9QJ. (00 44 28 44821258) mobile 00 44 7841926089

CREDIT CARD DETAILS

Type of card i.e. Visa/Mastercard	
CARD HOLDERS NAME	
CARD NUMBER	
LAST 3 DIGITS ON REVERSE OF CARD	
EXPIRY DATE	
TOTAL PAYABLE	

STABLING REQUIREMENTS

_____HORSE/S for _____NIGHT/S

DAY & Estimated Time of arrival _____

Special Requests

HORSE LORRY/ BOX DETAILS.

REG. NO. _____ Length _____

COLOUR _____ Make _____

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COMMENTARY NOTES

Horse: _____

Rider: _____ XC Colours: _____

Marital Status: _____ Maiden Name: _____

Partner's Name: _____ Occupation: _____

Previous Competitor at Event: _____

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, CIC's etc: