

Entry Form

HLC Open 2015 & Thailand Show Jumping Qualifier Round Date: 6th -8th February, 2015

Name of the Club: _____ Contact Person: _____ Phone: _____ email: _____

Stable in _____ (date) Stable out _____ (date) Stable type: - permanent __ (x) - permanent (no mosquito net) __ (x) - temporary __ (x)

Fax your entries together with your blood test to HLC office Phone no: 02-577-6801-3 Fax no 02-1522-428 or email: info@horselover-club.com

| | Name of rider | Horse | 1 | 2 | 3 | 4 | 5 | 6* | CH | 7* | CH | 8 | 9 | I | 10 | I | 11 | 12 | 13* | CH | 14* | CH | 15 | 16 |
|----|---------------|-------|---|---|---|---|---|----|----|----|----|---|---|---|----|---|----|----|-----|----|-----|----|----|----|
| 1 | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | |

* = Open

CH = Championship Qualifier

I = Individual