

FEI CPEDI3* 2017
5th – 9th July, Hartpury College, GBR

RIDER PROFILE

Please fill in your details below and delete where appropriate

Family Name:

Given Name:

Male/Female:	<input type="text"/>	Date of Birth (dd/mm/yy):	<input type="text"/>
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Nationality:

Passport Number:

FEI Number:

Grade:	<input type="text"/>	Profile	<input type="text"/>
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Address:

Telephone number (inc. country/area code):

A copy of the riders FEI / PE Classification Identification Card must accompany this entry form

Ambulatory Status

Independently mobile without aids?	Yes/No	Wheelchair user?	Yes/No
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Ambulatory with Assistance (please specify equipment, e.g. crutches):

Special Requirements

Please list any other special requirements (including use of devices for visually impaired riders that require quiet conditions):

Rider Biography

Please give biography of rider including competition history, placings at International or National competition (to be used for commentator announcements and media release):

HORSE PROFILE**Name of horse (full):****FEI Reg Number:****Sire (if known):****Dam (if known):****Dam's Sire (if known):****Country of Origin:****Sex:****Colour:****Height:****Year of birth:****Owner/s name (as listed in FEI Passport):****Owner/s address****Owner/s Telephone number:****Breeder (if known):****Is this a borrowed horse? (delete as appropriate)**

Yes

No

Vaccination/Quarantine Requirements: Please ensure vaccination cards are brought to the event. Horses not complying with current FEI Regulations will not be admitted to the stables.

Please list any other information the Organising Committee should be aware of (e.g. stallions):

Horse Biography

Please give a biography of the horse including competition history, notable results, placing at National/International Competition (to be used for commentary and media release):

Contact number during show (mobile):

I understand that the organising committee of the above event do not accept liability for any accident, damage, injury or illness to horses, owners, riders, spectators, or any other person or property whatsoever.

Rider's or team manager's signature:

Date:.....

Form completed by (please print):

Name of emergency contact:

Telephone number:

Please complete ONE form per rider

**Please return form to Kathryn Megan, CPEDI3*, Hartpury College, Hartpury, Gloucestershire, GL19 3BE, UK or fax to +44 (0) 1452 702388
Email: Kathryn.Megan@hartpury.ac.uk**