

ENTRIES CPEDI**

Name athlete _____

Date of Birth _____

Nationality _____

Fei Rider Registration number _____

Address: _____

Telephone _____ City: _____ State: _____

ZIP Code: _____

E-mail: _____

Name of horse: _____

Date of Birth: _____ Breed _____

Country of Birth _____

Stud Book Initials _____

Passport number _____

Fei Horse Registration number _____

Colour _____ Sex _____

Name of owner _____

Athlete Grade: _____ Ia
_____ Ib
_____ II
_____ III
_____ IV

Is a wheelchair user: _____

Needs ramp: _____

The entries have to be send by fax or e-mail: 00551138193598

Email: lara.costa@holdingclub.com.br, marcelaparsos@gmail.com