



Anmälningsblankett WRN

Nyköpings Hästabud del 2: Lördagen 13 aug

- | | | | |
|-----------------------------|------------------------------|-----------------------------|----------------------------------|
| <input type="checkbox"/> 1 | Trail D + KM | <input type="checkbox"/> 13 | Trail B + KM |
| <input type="checkbox"/> 2 | Trail E | <input type="checkbox"/> 14 | Trail C + KM |
| <input type="checkbox"/> 3 | Showmanship at Halter C + KM | <input type="checkbox"/> 15 | Ranch Trail C + KM |
| <input type="checkbox"/> 4 | Showmanship at Halter D + KM | <input type="checkbox"/> 16 | Versatile Horse B, Senior + KM |
| <input type="checkbox"/> 5 | Reining B + KM | <input type="checkbox"/> 17 | Versatile Horse D, All ages + KM |
| <input type="checkbox"/> 6 | Reining D + KM | <input type="checkbox"/> 18 | Reining C + KM |
| <input type="checkbox"/> 7 | Western Riding C + KM | <input type="checkbox"/> 19 | Reining E |
| <input type="checkbox"/> 8 | Western Riding E | <input type="checkbox"/> 20 | Western Riding B + KM |
| <input type="checkbox"/> 9 | Western Horsemanship B + KM | <input type="checkbox"/> 21 | Western Riding D + KM |
| <input type="checkbox"/> 10 | Western Horsemanship D + KM | <input type="checkbox"/> 22 | Western Horsemanship C + KM |
| <input type="checkbox"/> 11 | Pleasure C + KM | <input type="checkbox"/> 23 | Western Horsemanship E |
| <input type="checkbox"/> 12 | Pleasure E | <input type="checkbox"/> 24 | Pleasure B + KM |
| | | <input type="checkbox"/> 25 | Pleasure D + KM |

LUNCH

Korande av Cup-vinnare & KM-mästare

_____ starter x 70:- = _____:-

_____ starter x 80:- = _____:-

_____ starter x 100:- = _____:-

Veterinärbes. RE-B 100:- = _____:-

Efteranmälan 100:- = _____:-

Boxplats 300:- = _____:-

Summa: _____:-

Inbetalas på P.G. 607 13 33-6 enligt proposition
senast den 20 juli

Ryttare:

Namn: _____

Adress: _____

Postadress: _____

Tel: _____

E-mail: _____

Klubb: _____

Lic nr Adult: _____ Youth: _____

Född år: _____

Häst:

Namn: _____

Kön: _____

Född: _____

Far: _____

Mor: _____

Lic nr: _____ Ras: _____

Underskrift: _____