



INTERNATIONAL FORM FOR THE DECLARATION TO RUN

By fax to: +49 221 7498-68 or 69

Racingplace: _____ Date: _____
Number of Race: _____ Distance: _____ m
Name of horse: _____ Weight to carry: _____ kg
Name of rider: _____ Penalties: _____ kg
Horse carries blinkers: Ja/Yes Nein/No Amateur: Ja/Yes Nein/No

Performancelist of the last five starts of the above mentioned horse*

Racingplace	Date	Distance	Place	Starter	Prizemoney won

Total amount of races run:* _____ Total winning:* _____

* Fill in only, if the performance list was not enclosed to the entry form.

A copy of the horse passport and vaccination passport has to be enclosed after each repetition vaccination. Only completely filled in forms will be accepted.

Date: _____ Signature: _____