



INTERNATIONAL ENTRY FORM

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

Racingplace:	_____	Date:	_____
Number of Race:	_____	Distance:	_____ m
Owner:	_____	Name of horse:	_____
Address:	_____	Age:	_____
Phone / Fax / e-Mail :	_____	Sex:	_____
Trainer:	_____	Colour:	_____
Address:	_____	Sire:	_____
Phone / Fax / e-Mail :	_____	Dam:	_____
Racingcolours:	_____	Weight to carry:	_____ kg

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: _____

Herewith I certify, that I accept the racing regulations (ARO) in the actual version and that the above mentioned horse has a liability insurance and is vaccinated according to the rules of ARO.

A copy of the complete passport of the horse and a copy of the vaccination passport have to be enclosed to the nomination at the first start in Germany. A copy of the vaccination passport has to be enclosed after each repetition vaccination. Only completely filled in forms will be accepted.

Date: _____

Signature: _____