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| **CPEDI\*\*/\*\*\* Registration form****14-16 June 2024** |
| Name Rider:  |  |
| Grade: |  |
| Address:  |  |
| Phone Number Rider: |  |
| Phone Number Groom: |  |
| E-mail address rider: |  |
| Date of Birth: |  |
| Nationality: |  |
| FEI Number of Rider: |  |
| TackboxLarge Box | yes / noyes / no |
| Rider did request FEI classification | yes / no  |
| Horse(s) needs Health certificate for return | yes / no  |
|  |  |
| Name of Horse 1:  |  |
| FEI Number Horse 1: |  |
| Name of Horse 2:  |  |
| FEI Number Horse 2:  |  |
| Date:  |  |