

**ENTRY FORM / INSKRYWINGSVORM**  
**NAMIBIA ENDURANCE RIDE ASSOCIATION**

**RIDER INFORMATION / RUITER INLIGTING**

<input type="text"/>	SENIOR JNR & YOUNG RIDER CHILD / KIND	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
DAY NUMBER DAGNOMMER		CLUB NUMBER KLUB NOMMER	STABLE NO KAMP NO	NEW FEI REG NUMBER		
DISTANCE AFSTAND	<input type="text"/> 40 KM	<input type="text"/> 60 KM	<input type="text"/> 80 KM	<input type="text"/> 120 KM	<input type="text"/> 160 KM	
TITLE TITEL	<input type="text"/> PROF	<input type="text"/> DR	<input type="text"/> REV DS	<input type="text"/> MR MNR	<input type="text"/> MRS MEV	<input type="text"/> MISS MEJ
	DATE OF BIRTH GEBOORTEDATUM					<input type="text"/>
NAME NAAM	<input type="text"/>					TEL <input type="text"/>
ADDRESS ADRES	<input type="text"/>					<input type="text"/>
	<input type="text"/>					RIDER'S WEIGHT RUITER GEWIG
	<input type="text"/>					TOTAL WEIGHT TOTALE GEWIG
	<input type="text"/>					<input type="text"/>
BLOOD GROUP BLOED GROEP	<input type="text"/>	MEDICAL AID MEDIESE FONDS	<input type="text"/>	FUND NO FONDS NO	<input type="text"/>	
NAME OF GROOM NAAM VAN GROOM	<input type="text"/>					CELL NO SEL NO
	<input type="text"/>					<input type="text"/>

**HORSE INFORMATION / PERD INLIGTING**

<input type="text"/>	<input type="text"/>	<input type="text"/>								
ERASA / UVvSA NUMBER	FEI PASSPORT NUMBER	NEW FEI REG NUMBER								
HORSE NAME PERD NAAM	<input type="text"/>			FOAL DATE VULDATUM	AGE OUDERDOM					
	<input type="text"/>			<input type="text"/>	<input type="text"/>					
BREED RAS	<input type="text"/> ANGLO	<input type="text"/> APPALOOSA	<input type="text"/> ARABIAN	<input type="text"/> PARTARAB	<input type="text"/> THB	<input type="text"/> CROSS	<input type="text"/> BOERPERD	<input type="text"/> NOOITGEDACHT	<input type="text"/> SADDLER	
	<input type="text"/> HINGS	<input type="text"/> MARE	<input type="text"/> ARABIER	<input type="text"/> DEELSARABIER	<input type="text"/> VOLBLOED	<input type="text"/> KRUIS	<input type="text"/>	<input type="text"/>	<input type="text"/> SAALPERD	
SEX GESLAG	<input type="text"/> STALLION	<input type="text"/> MARE	<input type="text"/> GELDING		<input type="text"/> BREED REG NO		<input type="text"/> COUNTRY OF BIRTH			
	<input type="text"/>	<input type="text"/> HINGS	<input type="text"/> MERRIE	<input type="text"/> REUN	<input type="text"/>	<input type="text"/> RAS REG NO	<input type="text"/> LAND VAN GEBORTE			
COLOUR KLEUR	<input type="text"/> BAY	<input type="text"/> CHESTNUT	<input type="text"/> GREY	<input type="text"/> BLACK	<input type="text"/> ROAN	<input type="text"/> PALAMINO	<input type="text"/> SKEWBALD	<input type="text"/> PIEBOLD	<input type="text"/> OTHER	
	<input type="text"/> DONKERBRUIN	<input type="text"/> VOS	<input type="text"/> GRYS	<input type="text"/> SWART	<input type="text"/> SKIMMEL	<input type="text"/>	<input type="text"/> BRUINBONT	<input type="text"/> SWARTBONT	<input type="text"/> ANDER	
HEAD KOP	<input type="text"/> STAR	<input type="text"/> BLAZE	<input type="text"/> SNIP		<input type="text"/> WHITE ON LEGS		<input type="text"/> L/F	<input type="text"/> R/F	<input type="text"/> L/H	
	<input type="text"/> KOL	<input type="text"/> BLES	<input type="text"/>		<input type="text"/> WIT OP BENE		<input type="text"/> L/V	<input type="text"/> R/V	<input type="text"/> L/A	
OWNER OF HORSE EIENAAR VAN PERD	<input type="text"/>					NATIONALITY OF OWNER NASIONALITEIT VAN EIENAAR				
	<input type="text"/>					<input type="text"/>				
RECORD OF RESULTS (NAME OF RIDE, DATE & DISTANCE)	1) <input type="text"/>					<input type="text"/>				
REKORD VAN UITSLAE (NAAM VAN RIT, DATUM & AFSTAND)	2) <input type="text"/>					<input type="text"/>				
	3) <input type="text"/>					<input type="text"/>				

I, the undersigned, hereby declare that I know and understand the constitution, rules and guidelines of this specific ride and will adhere to them. By signing this entry form I undertake that for myself, my heirs, my administrators or any other person that has legal rights after my death, forfeit all legal claims that might occur from any accidents, any harm or damage and claims as a direct or indirect result of any person that has legal rights of any person or animal's actions ant that this club, all individual members, and any other person will be excluded from any claim or legal action arising as a result of my participation. I accept that every rider or visitor that rides a horse, either his own or another persons, do so on their own risk. I undertake to take the responsibility for all costs arising out of veterinarian assistance to my horse and/or any medical aid to myself and I will pay any such costs. To obtain approval for emergency medical evacuation, contact: \_\_\_\_\_ . If no emergency evacuation information is provided I hereby authorize the emergency medical team or the event controlling staff to act on my behalf and accept full responsibility for any and all costs so incurred.

SIGNATURE HANDTEKENING	RIDER RUITER	<input type="text"/>	PARENT/GUARDIAN OUER/VOOG	<input type="text"/>
	HORSE OWNER PERD EIENAAR	<input type="text"/>	DATE DATUM	<input type="text"/>