



**4TH STRAIGHT EGYPTIAN ARABIAN
HORSE WORLD CHAMPIONSHIP
15&16 OCTOBER 2016 VERMEZZO-MILANO ITALY
CLOSE OF ENTRIES 14/09/2016**



This show is affiliated
with the European
Arab Horse Show
Commission
Affiliation No.
147-2016-ITY

ENTRY-FORM (only one horse per form) sewc.sewc@gmail.com

Owner: _____ **Country:** _____
Address: _____
Tel.: _____ **E-mail:** _____
Breeder: _____ **Country:** _____

By the closing date of entries, the horse is registered in the studbook of:		Country:	Studbook / Association	Reg. No.
Name of the horse:		Sire:	S	<p>I, the undersigned person, engage that I and my employees and assistants hold entire responsibility for the horse entered and I accept without restriction the statutes, regulations and jurisdiction of ECAHO. Furthermore, concerning the horse entered, I agree to declare any actual and/or apparent conflict of interest of myself and/or my employees and/or assistants with the judges.</p> <p>O There is an actual and/or apparent conflict of interest with judge:</p> <p>_____</p> <p>O There is no conflict of interest with any judge</p>
			D	
Date of birth: please complete all/...../.....		Dam:	S	
			D	
Sex: <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	Colour: <input type="checkbox"/> GREY <input type="checkbox"/> CHESTNUT <input type="checkbox"/> BAY <input type="checkbox"/> BLACK			
<input type="checkbox"/> futurity fillies <input type="checkbox"/> yearling fillies <input type="checkbox"/> fillies/puledre <input type="checkbox"/> mares/fattrici <input type="checkbox"/> futurity colts <input type="checkbox"/> yearling colts <input type="checkbox"/> colts/puledri <input type="checkbox"/> stallions/stalloni				
Photocopies of the presently valid registration documents are enclosed. This entry form is not valid without signature and the full contact details of the person who signs it N.b. PLEASE INCLUDE THE COPY OF THE HORSE PASSAPORT				
Capacity in which you sign (owner, trainer, assistant, other – please state) : Date & Signature:				
Name of the person who signs the form: _____ Address (incl. country): _____ Tel. _____ E-mail: _____				

Effective as of 1st Jan. 2014. This form is available at www.ecaho.org (Download).

FOR ANY INFO PLEASE CONTACT DR.SSA LAURA MASCAGNA sewc.sewc@gmail.com mobile or whasapp +39/349/5629639