

ENTRY FORM

EXHIBITION COMPETITION

PARTICIPANTS _____

EXHIBITION TO BE PERFORMED _____

FULL ADDRESS: _____

MUNICIPALITY: _____ PROVINCE/STATE _____ POSTAL CODE _____

TELEPHONES: 1 _____ 2 _____ FAX _____ MOBILE _____

E-MAIL: _____

	NAME OF PARTICIPATING HORSE	CODE (last 7 digits)	EXHIBITION	OWNER
1				
2				
3				
4				
5				
6				
7				

ENTRY FEES: **€100 per horse (+ 16% VAT)**

REQUEST A BOX AS A TACKROOM **€200 (+ 16% VAT)**

Nº OF PEOPLE ACCOMPANYING HORSES

(It is estimated that for 1 to 3 horses, there will be 2 people and this ratio will increase proportionality by 1 person)

EMERGENCY TELEPHONE Nº: _____

TAX ID INFORMATION (MANDATORY)

Name: _____

VAT/ID Number: _____

Address: _____

Postal Code: _____

Municipality: _____

Province: _____

PAY ENTRY FEES BY DIRECT DEPOSIT INTO THE CAIXA ACCOUNT:

2100 - 2320 - 55 - 0200168822

SWIFT CODE: CAIXESBBXXX

IBAN CODE: ES98 2100 2320 5502 00168822

THE COMPLETION OF THIS ENTRY FORM IMPLIES YOU ACCEPT THE COMPETITION RULES & REGULATIONS, BEING VALID FOR ALL CIRCUMSTANCES SHOULD THERE BE CHANGES, THESE MUST BE CLARIFIED BEFORE THE RECEPTION OF THE HORSES

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