

ENTRY FORM

ANCCE CUP for DOMA VAQUERA

PARTICIPATING RIDER _____

LICENSE: _____

If an individual rider brings horses from several stud farms, do not complete the line below. If it is a single stud farm presenting them, indicate the rider. All other information must be completed correctly.

STUD FARM / OWNER _____

BREEDER CODE _____

FULL ADDRESS _____

MUNICIPALITY: _____

PROVINCE/STATE _____

POSTAL CODE _____

TELEPHONE: ¹ _____

² _____

FAX _____

MOBILE _____

E-MAIL _____

| | NAME OF PARTICIPATING HORSE | CODE (9 last digits) | YEAR OF BIRTH | L.I.C. | L.A.C. | OWNER |
|---|-----------------------------|----------------------|---------------|--------|--------|-------|
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |

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

REQUEST A BOX AS 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: _____

SIGNED (*The participant*)

PAY ENTRY FEES BY DIRECT DEPOSIT INTO THE CAIXA ACCOUNT:

2100 - 2320 - 55 - 0200168822

SWIFT CODE: CAIXESBBXXX

IBAN CODE: ES98 2100 2320 5502 00168822

THIS ENTRY FORM MUST BE FAXED TO ANCCE: (+34) 954690327, ACCOMPANIED BY RECEIPT OF PAYMENT

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