

Cumann Lucht Capaillíní Chonamara **Connemara Pony Breeders' Society**

This form should be forwarded to The Secretary, Connemara Pony Breeders Society, The Showgrounds,
Clifden, Co. Galway **not later than 18th July 2014. Telephone & Fax entries will not be accepted.**

	In Hand Classes	Foal at Foot	Ridden/WH Classes		
Class Number(s):	<input type="text"/>	<input type="text"/>	<input type="text"/>		For Sale: Yes <input type="checkbox"/> No <input type="checkbox"/>
Name of Pony:	<input type="text"/>				Reg. No. of Pony: <input type="text"/>
Name of Sire:	<input type="text"/>				Reg. No. of Sire: <input type="text"/>
Name of Dam:	<input type="text"/>				Reg. No. of Dam: <input type="text"/>
Rider/Handler Name:	<input type="text"/>				
Riders DOB:	<input type="text"/>				

	In Hand Classes	Foal at Foot	Ridden/WH Classes		
Class Number(s):	<input type="text"/>	<input type="text"/>	<input type="text"/>		For Sale: Yes <input type="checkbox"/> No <input type="checkbox"/>
Name of Pony:	<input type="text"/>				Reg. No. of Pony: <input type="text"/>
Name of Sire:	<input type="text"/>				Reg. No. of Sire: <input type="text"/>
Name of Dam:	<input type="text"/>				Reg. No. of Dam: <input type="text"/>
Rider/Handlers Name:	<input type="text"/>				
Riders DOB:	<input type="text"/>				

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Name of Sire:	<input type="text"/>				Reg. No. of Sire: <input type="text"/>
Name of Dam:	<input type="text"/>				Reg. No. of Dam: <input type="text"/>
Rider/Handlers Name:	<input type="text"/>				
Riders DOB:	<input type="text"/>				

- * I hereby declare that all ponies entered on this form have been transferred to or registered in the name of the entrant.
- * I enclose a remittance for the total amount of Entry Fees payable in respect of the above Classes. €30 per Class.
- * I agree to observe and to be bound by the Regulations of the C.P.B.S. regarding the Show.
- * If all registration details and numbers are not included, the entry form and fee will be returned and it will be the duty of the entrant to have it re-submitted before the closing date.

Total Entry Fee

Name: (Block Caps)

Address:

Email Address:

Telephone: **Mobile:**

Signature: **Date:**

Equine Premises No.:

Please tick if this is name and address exhibit numbers should be sent to