



VR CLASSICS Neumünster

CDI-W, CDI1*, CDN CSI3*, CSIH1*, CSN

13.-16.02.2020

CHECK IN FORM - Rider

(please sent back **latest** until 4/02/2020 per Email: show@reitturnier.de)

Competitor/Teilnehmer: _____

Mobile number: _____

Email: _____

Information for the competitor`s account / Informationen für die Abrechnung:

Company name: _____

VAT-ID / Steuernummer: _____

Address / Anschrift: _____

Country / Land: _____

Phone + eMail _____

Bankdetails / Bankverbindung:

IBAN: _____

BIC/SWIFT: _____

Bank (Name) _____

Accountholder/ Kontoinhaber _____

Stabling information / Einstallinformationen

Arrival / Anreise Date: _____ about/ca. _____ hrs/Uhr

I need / ich benötige electricity/Strom yes/ja no/nein
Parking yes/ja no/nein

Stabling / Boxen: straw/Stroh: _____ shavings/Späne: _____
Tack room/Sattelbox: _____

I bring / ich werde mitbringen:

_____ stallions/Hengste _____ geldings/Wallache _____ mares/Stuten

Special wishes / Besondere Hinweise:

Number of horses per athlete: Jumping	in total max. 5 for jumping 3 horses in the CSI3* and 1 horse in the CSIYH1* and 1 horse in CSN with approval of the OC
Number of horses per athlete: Dressage	in total max. 3 for dressage 1 horses in the CDIW* and 1 horse in the CDI1* and 1 horse in CDN with approval of the OC

Information about my starts

CSI3* _____ horse/s CDI-W* _____ horse/s
CSIYH1* _____ horse/s CDI1* _____ horse/s
CSN _____ horse/s CDN _____ horse/s
Training _____ horse/s

Ich bestätige die Richtigkeit der Angaben, und bin einverstanden, dass die PST GmbH diese Daten speichert.

Herewith I confirm the correctness of the above information and I agree, that the data above will be stored by the PST GmbH.

(date/Datum)

(signature/Unterschrift)