



**AL KHALEDIAH European Arabian Horse Festival**  
**ECAHO Int. B-Show 18<sup>th</sup>-19<sup>th</sup> August 2017** *Poland*

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**ENTRY-FORM** (only one horse per form, all fields required!)

**Owner:** \_\_\_\_\_ **Country:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**Nr NIP / EU VAT No:** \_\_\_\_\_  
**Tel.:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_  
**Breeder:** \_\_\_\_\_ **Country:** \_\_\_\_\_

This show is affiliated with the European Arab Horse Show Commission Affiliation No. 085-2017/PL

By the closing date of entries, the horse is registered in the studbook of:		Country:	Studbook / Association	Reg. No.
Class:	Name of the horse:	Sire:	S	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.  <b>O There is an actual and/or apparent conflict of interest with judge:</b> _____  O There is no conflict of interest with any judge
			D	
	Date of birth:	Dam:	S	
	Sex:	Colour:	D	
Qualifications:			<b>Name of the person who signs the form:</b> _____	
<b>Photocopies of the presently valid registration documents are enclosed.</b> This entry form is not valid without signature and the full contact details of the person who signs it.			<b>Address (incl. country):</b> _____	
<b>Capacity in which you sign (owner, trainer, assistant, other – please state):</b> <b>Date &amp; Signature:</b>			<b>Tel.:</b> _____ <b>E-mail:</b> _____	