



DERBY HORSE ENROLLMENT FORM "OFF LINE"

To enroll a horse you must be a member of IRHBA for the current year.

The costs of enrollment are as follows:

By 28 february:	Amount
of the 1st year of age	€ 250
of the 2nd year of age	€ 500
of the 3rd year of age	€ 1.000
of the 4th year of age	€ 2.000
of the 5th year of age	€ 2.000
of the 6th year of age	€ 1.500
of the 7th year of age	€ 1.000
of the 8th year of age	€ 500

It will be the date of the bank transfer.

As an owner, I request to enter the following horses:

(write in block letters)

1	<i>Horse name</i>	<i>ID. Aqha/Paint/ Appaloosa</i>	<i>Sex (M/F/G)</i>	<i>Date of birth</i>	Amount
				/ /	
	<i>Sirename</i>	<i>Sire ID.</i>	<i>Dam Name</i>	<i>Dam ID.</i>	
2	<i>Horse name</i>	<i>ID. Aqha/Paint/ Appaloosa</i>	<i>Sex (M/F/G)</i>	<i>Date of birth</i>	Amount
				/ /	
	<i>Sirename</i>	<i>Sire ID.</i>	<i>Dam Name</i>	<i>Dam ID.</i>	
3	<i>Horse name</i>	<i>ID. Aqha/Paint/ Appaloosa</i>	<i>Sex (M/F/G)</i>	<i>Date of birth</i>	Amount
				/ /	
	<i>Sirename</i>	<i>Sire ID.</i>	<i>Dam Name</i>	<i>Dam ID.</i>	

Office charge	Horse N.	<input type="text"/>	X € 25	= €	<input type="text"/>
Possible membership fee for the current year:		<input type="text" value="€ 70"/>		= €	<input type="text"/>
	Total amount			= €	<input type="text"/>

Payment: Bank transfer to IRHBA

IBAN: IT41C 01030 65700 0000 1011 2715 BIC: PASCITM1035

Please attach to this form the copy of the bank transfer, the horse's document and send to:

e-mail: office@irhba.com Fax: +39 0521 812423

IRHBA - Via Repubblica, 6 - 43056 Gainago di Torrile (PR) - Italy

The owner:

<i>First name*</i>	<i>Last name*</i>	<i>Company</i>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<i>Address*</i>	<i>Zip Code*</i>	<i>City*</i>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<i>e-mail*</i>	<i>Phone</i>	<i>Mobile*</i>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<i>Vat</i>	<i>Tax code</i>	
<input type="text"/>	<input type="text"/>	<i>*Mandatory field</i>

Place, date

Signature

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