



## 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:	Regular	Surcharge 10% (*)
of the 1st year of age	€ 250	€ 275
of the 2nd year of age	€ 500	€ 550
of the 3rd year of age	€ 1.000	€ 1.100
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	

(\*) Is accepted for payment within 60 days from the deadline with a surcharge of 10% of the amount due.

**It will be the date of the bank transfer.**

As an owner, I request to enter the following horses: (write in block letters)

<b>1</b>	<i>Horse name</i>	<i>ID. Aqha/Paint/ Appaloosa</i>	<i>Sex (M/F/G)</i>	<i>Date of birth</i>		<i>Amount</i>	
				/ /			
	<i>Sirename</i>	<i>Sire ID.</i>	<i>Dam Name</i>		<i>Dam ID.</i>		
<b>2</b>	<i>Horse name</i>	<i>ID. Aqha/Paint/ Appaloosa</i>	<i>Sex (M/F/G)</i>	<i>Date of birth</i>		<i>Amount</i>	
				/ /			
	<i>Sirename</i>	<i>Sire ID.</i>	<i>Dam Name</i>		<i>Dam ID.</i>		
<b>3</b>	<i>Horse name</i>	<i>ID. Aqha/Paint/ Appaloosa</i>	<i>Sex (M/F/G)</i>	<i>Date of birth</i>		<i>Amount</i>	
				/ /			
	<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>	<i>Province or state</i>	<i>Country*</i>
<input type="text"/>	<input type="text"/>	<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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