



DRESSAGE IRELAND CLG

Day Registration Form

Venue & Region

Date of Show

Riders Name

Address 1

Address 2

Address 3

Address 4

Postcode/ Eircode

Email Address

Mobile Number

Age Group

Year born

Under 18

please indicate

If Under 18 Name of Parent/Guardian

Please tick the boxes as you choose:

I agree to abide by the Rules and Policies of Dressage Ireland CLG (DI) as may be amended from time to time.

This Box must be ticked to allow you to compete at the show.

I agree to allow my contact details to be recorded and used for DI information purpose.

I agree to allow my contact details to be shared with DI committees to allow them to send me information.

Signed _____ Date _____

Signed _____ Date _____

(Parent or Guardian for under 18s)

(Please scan & email back to the Regional Show Organiser)