



# 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 send this form to Dressage Ireland c/o GT Electric, Mainstreet, Cavan, H12W592  
Or email the form to: [info@dressageireland.ie](mailto:info@dressageireland.ie)