

**EXPRESSION OF INTEREST: Inter Africa Cup**

Submit to [admin@dressagesa.com](mailto:admin@dressagesa.com) by the 3rd April 2017

Horses may **only** compete in tests in their current recorded grade as registered with their National Discipline.

Please see schedule for this show on the Dressage SA Website under National Schedules

Open to Adults/Young Riders and Juniors and Horses graded Novice, Elementary, Elementary Medium or Medium

If the horse goes unsound, is unable to compete, or is on any controlled or prohibited medication, the Dressage SA Office must be notified immediately.

The Team will comprise of 4 riders one from each Grade. Three combinations will be selected at the show to compete. The decision of the Chef D’Equipe is final.

Please note that we are investigating the possibility of some funding to help the team which is selected. We will keep you informed.

One form per rider and horse combination must be filled in.

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| --- | --- | --- | --- |
| **First Name** |  | **Surname** |  |
| **Date of Birth** |  | **RSA ID Number** |  |
| **Cell No** |  | **Home Tel No.** |  |
| **Email Address** |  | **Rider DSA No.** |  |
| **Province** |  | | |
| **Horse’s Name** |  | Grade |  |
| **Owner of Horse** |  | Passport No. |  |
| **Horse’s DSA No** |  | | |

*By signing this form, you are confirming that you are available for team selection and have read and understood the team selection process. In addition, you agree to abide by all rules and constitutions of Dressage SA and SAEF. You also agree to abide by the Dressage SA and SAEF Code of Conduct at all times.*

Riders Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/ 2017

Parent/Guardian’s Signature: (If Under 18) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*DRESSAGE SA Team EOI Inter Africa Cup 2017*