

Please return to: Equestrian Sport Events
 Hans-Henny-Jahnn Weg 41-45, 22085 Hamburg
 FAX: +49.40.229 484 44 - info@csi-ese.de

Name:		Surname	
Street		Number	
C.P.	City		
Passport number.		E-mail	
Tel.		Fax.	

1. Accommodation **A) Hotels**

Name of participant	Name of Hotel	Double / Single room	From (date)	until (date)

Credit Card: Number		Date of Expiry:	
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B) ___ Apartments(s) with ___ rooms. Clean service YES NO

2. Rent a car BABY SEAT LUGGAGE RACK

CATEGORI E	DAYS IN TOTAL	FROM (DATE)	TIME	PLACEE OF PICK UP	FLIGHT NUMBER	NAME OF THE DRIVER

3. Horses

A) Supplies ___ bale(s) of **straw** (... € / bale).
 ___ bale(s) of **hay** (... € / bale).
 ___ bale(s) of **shavings** (... € / bale).

B) Tack room ___ tack room (200 € / box -for all 5 weeks)
 Only for me Shared with the rider _____.

C) Paddocks ___ paddock(s) (600 €./paddock)

4. Lorry

_____ Place(s) on the lorry parking (200 €.)

5.VIP Marquee

_____ VIP Table (buffet not included):1.800 €. Buffet daily .../ per person.

Date _____ Signature _____