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**EXPRESSION OF INTEREST**

**2019 SA ADULT INTER-PROVINCIAL TEAM CHAMPIONSHIP - GAUTENG**

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| --- | --- | --- | --- |
| **ATHLETE FIRST NAME** |  | **ATHLETE SURNAME** |  |
| **DATE OF BIRTH** |  | **ID No** |  |
| **CELL NO** |  | **HOME TEL NO** |  |
| **EMAIL ADDRESS** |  | **CURRENT REGISTERED GRADE** |  |

|  |  |
| --- | --- |
| **CURRENT HORSE available for Selection** |  |
| **CV/Notes** |  |

**Please submit an EOI if you would like to be considered for selection for the 2019 SA Adult Inter-Provincial Team. Combinations must make sure that they have entered the 2019 SA Adult Championships (7th -11th August 2019), held at Durban Shongweni Club, KZN**

**Email the EOI to** gauteng@sashowjumping.co.za **by no later than Friday 28th June 2019.**