

KwaZulu-Natal Show Jumping Council



Expression of Interest/Team availability KZN Show Jumping Youth Inter-Provincial Team 2025

Athlete Name				
Athlete Date of Birth				
Athlete Category				
Athlete ID Number				
Parent/Guardian Name				
Contact No.				
Email Address:				
<u>Horse Name</u>	<u>Current</u> <u>Grade</u>	Grade to be Entered at Champs	Qualifying Rounds at this Grade	Available for Team
and the completion of this of it merely indicates your ava *We ask that if you are NOT well indicating your non-avaselection discussions. *If you are entered into a hethe SA Champs competition * Should you indicate your of Champs timeously and prior * The onus remains with the received by the KZNSJ Secretelive confirmation of you before the submission closing In order for this EOI to be va (kzn@sashowjumping.co.za)	ilability for select AVAILABLE for so callability in the residuability in the residuability for select to any team aurider to ensure the tary before the resubmission). Aug date.	tion election that you elevant column, so ve to compete at election, please er nnouncements. hat this EOI/Team e closing date of so list of EOI's receive	please completed that you are not that height for the asure that you have availability form houbmission (make sued will be emailed.	the form as part of the eduration of e entered SA as been bure you out a week
to compete at Youth Cham Jumping ASAP. Signature of Guardian/Po		withdraw your EC	OI, please inform KZ DATE	N Show
signature of Guardian/PC			DAIE	