



## S A SHOW JUMPING ATHLETE

### EXPRESSION OF INTEREST – FEI INTER AFRICA CUP

Hosted by SAEF

15<sup>th</sup> – 19<sup>th</sup> May 2019 - Penbritte Equestrian Centre, SOUTH AFRICA

**Athletes interested in taking part to please fill in the attached form and return to**

**[tiffany@sashowjumping.co.za](mailto:tiffany@sashowjumping.co.za) by 1st April 2019 and cc to [gautengeast@gmail.com](mailto:gautengeast@gmail.com)**

ATHLETE FIRST NAME		ATHLETE SURNAME	
DATE OF BIRTH		RSA ID NO	
CELL NO		HOME TEL NO	
EMAIL ADDRESS		PROVINCE	
COACH		Coach Cell	
Coach Email			

<b>HORSE available for Selection (1 form per horse and rider combination.)</b>	
Horses need to not have jumped higher than the relevant Inter Africa Cup Class.	
Horse Name	
Horse passport No	
Horse/Rider Current Grade	
<b>2019 Group IX &amp; SAEF CRITERIA (1 Team of 4 riders)</b>	<p>Only 1 Team of 4 Athletes. 1 Chef d' equipe</p> <ul style="list-style-type: none"> <li>Maximum of 2 riders from each team may jump per height.</li> <li>Open to Children on horses, Juniors and Adults.</li> <li>Horses may not have competed a level higher than the event selected.</li> <li>The highest ranked riders with good average performance records will be looked at with preference being given to Previously disadvantaged riders with a good track record in that grade.</li> </ul> <p><b>Class Heights– 90cm. 1.00, 1.10 and 1.20</b></p>

By signing this form, you are confirming that you are available for team selection.

In addition, you are agreeing to abide by all the rules, policies and constitutions, code of conducts of SASJ and SAEF.

If the horse goes unsound, and is unable to compete, or is on any controlled or prohibited medication, the SASJ National office must be notified immediately.

Riders Signature: \_\_\_\_\_ Date: \_\_\_\_\_ 2019

Parent /Guardians Signature (If Under 18): \_\_\_\_\_ Date: \_\_\_\_\_ 2019