

Name Pferd _____
 Kopfnummer _____
 Name Besitzer _____
 Anschrift _____
 LFV Nummer _____
 Name Reiter _____

(nur ausfüllen wenn nicht zugleich der Besitzer)

Startnummer

Einsatz Startnr.

Bewerb	ReiterIn (nur anführen wenn variabel)
1 R Trail	<input type="checkbox"/>
2 Y Trail LZF	<input type="checkbox"/>
3 O Trail in Hand	<input type="checkbox"/>
4 R Horsemanship	<input type="checkbox"/>
5 Y Horsemanship LZF	<input type="checkbox"/>
6 A Horsemanship	<input type="checkbox"/>
7 R Pleasure	<input type="checkbox"/>
8 Y Pleasure LZF	<input type="checkbox"/>
9 A Pleasure	<input type="checkbox"/>
10 O Pleasure	<input type="checkbox"/>
11 R Ranch Riding 1	<input type="checkbox"/>
12 Y Ranch Riding 6	<input type="checkbox"/>
13 A Trail	<input type="checkbox"/>
14 O Trail	<input type="checkbox"/>
15 Führzügel Kids-Trail	<input type="checkbox"/>
16 Walk and Trot Kids-Trail	<input type="checkbox"/>
17 O Ranch Trail	<input type="checkbox"/>
18 O Hunter Under Saddle	<input type="checkbox"/>
19 Ranch Riding 7	<input type="checkbox"/>
20 Ranch Riding 13	<input type="checkbox"/>
21 Y Reining L5	<input type="checkbox"/>
22 R Reining L2	<input type="checkbox"/>
23 A Reining S5	<input type="checkbox"/>
24 A Reining L5	<input type="checkbox"/>
25 O Reining L5	<input type="checkbox"/>
26 O Reining S8	<input type="checkbox"/>