



Entry Form TRACES - Certificate CSIO St.Gallen 2024

<p>For queries, please state name and phone number of the responsible person:</p> <hr/>	
Horseman Name, first name, place of residence, country	
Destination / new stable / showground Full address with postcode, country	
Horses FEI Passport number, name	<p><u>Horse 1:</u> FEI Passport: _____ Name: _____</p> <p><u>Horse 2:</u> FEI Passport: _____ Name: _____</p> <p><u>Horse 3:</u> FEI Passport: _____ Name: _____</p> <p><u>Horse 4:</u> FEI Passport: _____ Name: _____</p> <p><u>Horse 5:</u> FEI Passport: _____ Name: _____</p>
Departure date / departure time / transport time	Date: _____ Departure time: _____ Transport time: _____ Hours
Carrier Name, first name, full address with postcode, TRACES - registration number	
Transport vehicle Number plate	Vehicle: _____ Trailer: _____
Comments	