



2018 WORLD EQUESTRIAN GAMES
ATHLETE DECLARATION FORM
INDIVIDUAL – PAS DE DEUX – SQUAD

DATE: _____

VAULTER NAME: _____

EMAIL ADDRESS: _____

EC SPORT LICENCE NUMBER: _____

CLASS ENTERING:

INDIVIDUAL

PAS DE DEUX:

SQUAD

PAS DE DEUX PARTNER: _____

SQUAD NAME/COACH: _____