



APPLICATION FORM

CDI3/CDW-I/CDIJ/CDIY/CDIP-CDN-A*

FÓT/HUNGARY

25-27 September, 2020

HORSE ASSOCIATION / SPORT ASSOCIATION/ RIDING CLUB:

NAME:

Name of the horse	FEI passport number	Year	Color	Sex	Breed	Country of birth	Owner's name	Competition

DATE OF ARRIVAL:.....

DATE OF DEPARTURE:.....

DATE:.....

Data handling

https://www.lovasterapia.hu/MLTSZ_adatkezelesi_szabalyzat/MLTSZ_adatkezelesi_szabalyzat.html

I, the undersigned declare that I have read the data handling information for the website of the Magyar Lovasterápia Szövetség Alapítvány.

.....
SIGNATURE