|  |  |
| --- | --- |
| Wettbewerb Nr. |  |
| Verein |  |
| Gruppenname |  |
| Longenführer:in |  |
| Helfer:in |  |
| Ansprechpartner:in |  |
| E-Mail-Adresse |  |
| Telefonnummer |  |

**Teilnehmer\*innen**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Nr. | Name |  | Vorname |  | Geburtsjahr |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
| 4 |  |  |  |  |  |
| 5 |  |  |  |  |  |
| 6 |  |  |  |  |  |
| 7 |  |  |  |  |  |
| 8 |  |  |  |  |  |
| 9 |  |  |  |  |  |
| 10 |  |  |  |  |  |

**Pferd**

|  |  |
| --- | --- |
| Name |  |
| FN-Nummer (falls vorhanden) |  |
| Geburtsjahr |  |
| Geschlecht |  |
| Farbe |  |