



2021-2022 IEL SCHOOL REP FORM

Please fill out this form completely. Use additional pages as needed.

Scan the printed and signed form and email it showsecretary@theiel.org

SCHOOL NAME _____

Mailing Address:

Street Address: _____

City/State: _____ Zip Code: _____

The following riders are members of our school's equestrian team and have met all of the requirements of our school.

Riders:

Name: _____ Grade: _____

Name: _____ Grade: _____

Name: _____ Grade: _____

Name: _____ Grade: _____

Name: _____ Grade: _____

Name: _____ Grade: _____

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Name: _____ Grade: _____

Name: _____ Grade: _____

Name: _____ Grade: _____

Name: _____ Grade: _____

School Rep: _____ **Date:** _____