***FORMULARIO INSCRIPCION DE EQUINOS***

**EXPOSITOR**

ESTABLECIMIENTO

CONSIGNATARIO

DEPARTAMENTO

TELEFONO

CORREO ELECTRONICO

LOCALIDAD

DIRECCION POSTAL

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| RAZA | HBU | TAT | SEXO | NACIDO |  C / CRIA AL PIE | CAT |
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LAS INSCRIPCIONES SE DARAN POR VALIDAS UNA VEZ SE HAYAN PAGO LOS DERECHOS DE INSCRIPCION.

FIRMA