



台灣馬術治療中心

2012 HOPE CUP - TAIWAN

GROUP ENTRY

Please fill in group information including the number of the handicapped riders participating, instructors, helpers and/or family members etc.

GROUP NAME :													
CONTACT PERSON :													
CONTACT TEL NO. :													
CONTACT E-MAIL :													
NUMBER OF THOSE COMING WITH YOUR GROUP	RIDERS	_____ people											
	INSTRUCTORS	_____ people											
	FAMILY MEMBERS	_____ people											
	HELPERS	_____ people											
TOTAL FEES OF YOUR GROUP													
ENTRY (per each competition)	@NT\$ 3.000	×	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">Total number</td> <td style="width: 50%; text-align: center;">Total amount</td> </tr> <tr> <td style="text-align: center;">rides</td> <td style="text-align: center;">NT\$</td> </tr> <tr> <td style="text-align: center;">boxes</td> <td style="text-align: center;">NT\$</td> </tr> <tr> <td colspan="2" style="text-align: center;">TOTAL FEE</td> </tr> <tr> <td colspan="2" style="text-align: center;">NT\$</td> </tr> </table>	Total number	Total amount	rides	NT\$	boxes	NT\$	TOTAL FEE		NT\$	
Total number	Total amount												
rides	NT\$												
boxes	NT\$												
TOTAL FEE													
NT\$													
Lunch	@NT\$ 100	×											
Staying in:													
ARRIVING:			LEAVING:										