



ATTENDANCE CONFIRMATION

To be filled out by **EVERY participant** and **EVERY companion** for **EVERY DAY** and hand in on arrival. After that the participant wristbands are issued and with them the Access authorization.

Date bein onsite: –please mark–

- ☐ Wednesday, 25.08.2021
- ☐ Thursday, 26.08.2021
- ☐ Friday, 27.08.2021
- ☐ Saturday, 28.08.2021
- ☐ Sunday, 29.08.2021

Please complete in block letters:

Sur Name: _____ First Name: _____

Street, No.: _____

Postal Code, City: _____

Email: _____

Mobilnumber: _____

Function or. Companion by: _____

Function: –please mark–

- ☐ Rider
- ☐ Companion/Groom by
- ☐ Ground Jury
- ☐ Course Designer
- ☐ other function > please enter:

- I only permit the hand out and saving of my data by the responsible authority of health for the confirmation of possibly occurin infections.
- The transfer to a third party will not be permitted.
- I obligate myself to observe all published and signed disinfection rules, social distance rules and mouth-nose mask rules.
- Only people without typical COVID-19 symptoms willl get access to the showground.

Lastrup, den _____, 08.2021 _____

Unterschrift