

R.V.R.C. JUNIOR TEAMS 2007

PARENT/GUARDIAN
NAMES.....

RIDERS
NAME.....

RIDERS DATE OF
BIRTH.....AGE.....

RIDERS R.V.R.C. MEMBERSHIP NO 07268 _____

ADDRESS.....

.....

HOME TEL
NO.....

PARENT
EMAIL.....

PARENT
MOBILE.....

RIDER
MOBILE.....

ANY MEDICAL/ALLERGY CONDITIONS I SHOULD BE AWARE OF...YES/NO

IF YES PLEASE
STATE.....

RIDERS DR.
NAME.....

DR'S SURGERY
ADDRESS.....

SURGERY TEL
NO.....

HORSEY INFO:-

HORSE/PONY
NAME.....

WHAT NAME IS ON THE FLU
CERTIFICATE.....

HORSE/PONY
AGE.....HEIGHT.....

HOW LONG HAVE YOU OWNED/RIDDEN YOUR
HORSE/PONY.....

IS THIS HORSE/PONY REGISTERED WITH THE B.S.J.A.NOW OR IN PREVIOUS YEARS... YES/NO.....

IF YES, PLEASE STATE WINNINGS AND MEMBERSHIP DATES.....

IS THIS HORSE/PONY REGISTERED WITH B.E. NOW OR IN PREVIOUS YEARS YES/NO.....

IF YES, PLEASE STATE B.E. POINTS AND MEMBERSHIP DATES.....

WHICH TEAMS ARE YOU INTERESTED IN – PLEASE TICK

SHOWJUMPING.....HORSE TRIALS.....X.C.....DRESSAGE.....

WHAT HEIGHT **SHOWJUMPING** ARE YOU CONFIDENTLY JUMPING CLEAR.....

LIST ANY WINS/PLACINGS/VENUES S.J. IN THE LAST 12 MONTHS

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WHAT HEIGHT **X.C.** ARE YOU CONFIDENTLY RIDING.....

LIST ANY WINS/PLACINGS/VENUES X.C. IN THE LAST 12 MONTHS.....

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WHAT **DRESSAGE LEVEL/** TESTS ARE YOU CONFIDENT TO RIDE.....

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LIST ANY WINS/PLACINGS/VENUES DRESSAGE IN THE LAST 12 MONTHS.....

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DO YOU OWN A HORSEBOX OR TRAILER?.....

IF NO, HOW WILL YOU TRAVEL TO EVENTS?.....

ANY OTHER RIDER/ HORSE INFO THAT MAY BE USEFUL.....

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PLEASE SEND THIS FORM AND 2 FULL PHOTOCOPIES OF YOUR FLU CERTIFICATE TO:

Di Clark – 90 Belle Hill, Bexhill- on- Sea, East Sussex, TN40 2AP
Email - di@heriotlodge.wanadoo.co.uk
Tel: 01424 225188