



TREVERTON EQUESTRIAN CENTRE

2018 EQUESTRIAN COMPETITION FORM

Please complete for records for Management.

OWNERS NAME:- _____ TEL NO:- _____

RIDERS NAME:- _____ TEL NO:- _____

PERSON NAME RESPONSIBLE FOR HORSE AND RIDER:- _____

TEL NO:- _____ EMAIL ADDRESS:- _____

DAY/BOARDER _____ GRADE: _____ COLLEGE/PREP _____

NAME OF HORSE _____ STABLE NAME _____.

Competitive:- Disciplines and Level : _____

Any disciplines you wish to try: _____

Do you wish to be registered with pony club: YES/NO

Do you wish to be registered with SANESA School: YES/ NO

If Yes please give child's ID number to register;- _____

Are you registered with SAEF: YES/NO SAEF NO: _____

Are you registered with a club: YES/NO Club Name and No: _____

What disciplines are you registered with and please provide no: _____

Any problems with rider or horse that I need to know about. Any problems at shows etc: _____

I hereby understand that my child will be competing at show at Treverton and outside Treverton and will pay the cost occurred for these shows.

SIGNATURE _____ DATE _____.

