



EQUESTRIAN CENTRE COMPETITION INDEMNITY

This information **MUST** be completed for management records.

Person responsible for Rider & Horse

Contact No

Email

Horse's Name _____ Stable _____

Owner's Name _____ Contact No _____

Rider's Name _____ Contact No _____

Day Scholar Boarder College Pupil Prep Pupil Grade

Do you wish to be registered with the Pony Club? YES NO

Do you wish to be registered with SANESA? YES NO

Are you registered with SAEF? YES NO

Are you registered with a Club? YES NO

Child's ID _____

SAEF No. _____

Club Name _____

Club No. _____

Competition Information

Disciplines & Level: _____

Any discipline to you wish to try? _____

What disciplines are you registered with? _____

Any problems with rider or horse that we need to know about. Any problems at shows etc _____ (Please provide the no.)

SIGNATURE

DATE