

Wimborne & District Riding Club – please use one form per person per clinic

TRAINING EVENT **DATE**

WDRC Mem No	Name of RIDER	Name of HORSE	Age/Height/Breed	Entry Fee
Experience of Rider and Horse/Pony				
Flatwork Clinics: what level are you working at / aiming for?		SJ Clinics: what is the <i>maximum</i> height you wish to jump?		
Any other relevant information				
*** Please be honest about your abilities or you may be asked to move to a more suitable group ***				

Member's Name	Mem No.	Address	Home Tel
			Mobile
Email			

Emergency Contact Tel number for Day of Event:

In the unlikely event of an accident, are there any health or medical issues that WDRC or the emergency services should be made aware of? If YES, please include brief details on the reverse of your entry form	YES / NO
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I have completed ALL information on the entry form and agree to abide by WDRC Club Rules	Signed: _____
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Cheques to be made payable to "Wimborne & District Riding Club"
Please send fully completed form to the relevant Committee Member

Please can we remind all our members to ensure that they clear up any droppings or any other rubbish from parking and warm-up areas, both in the Club Field and at Higher Merley Farm or any other venue used for events Thank you

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