

Course Application Form 2008



Title: _____ Name: _____

Address: _____

Post Code: _____

Tel Number (Day): _____ Tel Number (Eves): _____

E.Mail: _____

Date of Birth: _____

Height: _____ Weight: _____

Weight limit of 175lbs / 79kgs on a school horse.

Course Dates First Choice: _____ to _____ Second Choice: _____ to _____

<p>Course Type. Short Courses</p> <p>1. a: Dressage <input type="checkbox"/></p> <p>b: Show Jumping <input type="checkbox"/></p> <p>c: Eventing <input type="checkbox"/></p> <p>2. a: Summer Camp <input type="checkbox"/></p> <p>b: Intensive Supplement <input type="checkbox"/></p>	<p>3. a: Special Dressage <input type="checkbox"/></p> <p>b: Special Show Jumping <input type="checkbox"/></p> <p>c: Special Eventing <input type="checkbox"/></p> <p>4. Tailor Made & Extra Lessons <input type="checkbox"/></p> <p>Please give details on the reverse of this form.</p>	<p>Vocational Courses See separate application form.</p>
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Livery If you wish to have your own horse / pony at livery please complete this section.

Name of Horse / Pony _____ Height _____ Age _____ Mare / Stallion /Gelding _____

Feed: Own Centre's feed Livery: DIY Full Livery Bedding: Straw Paper

Hay: Own Centre's haylage No Preference

<p>Accommodation</p> <p>Guest House : Single : <input type="checkbox"/> Twin : <input type="checkbox"/> Double : <input type="checkbox"/></p> <p>Chalet Accommodation : Single : <input type="checkbox"/> Twin : <input type="checkbox"/></p>	<p>Student Accommodation : Single : <input type="checkbox"/> Twin : <input type="checkbox"/></p> <p>(£20 p.w.extra)</p> <p>Only available to students staying for more than 4 weeks.</p>
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Declaration I enclose the deposit / booking fee £ Cheques payable to **YRC (Education & Training) Ltd.**
For payment by Credit Card add 3%

CREDIT / DEBIT CARD DETAILS+.

Card No:

Expiry Date...../...../..... Start Date...../...../..... Switch Issue No..... Cardholder's Signature.....Date...../...../.....

I hereby authorise the application above and undertake to guarantee the fees and charges relating to it. I will not hold the Yorkshire Riding Centre liable for any accident or illness which may arise in connection with this course.
In addition I (the parent / guardian) authorise a representative of the Centre to act in the capacity of temporary guardian for any emergency Medical or Dental treatment which requires the signing of consent forms for clients under the age of 18 years.

Signature of applicant : _____ Date: _____
or Parent's / Guardian in respect of applications by persons under 18 years.



Riding Experience.

Please give details of your riding experience.

Course Objectives. (What you are hoping to achieve during your stay).

Extra Lessons & Tailor Made Packages.

Please state your preference for Extra lessons. (Private or shared, level of instructor and whether you will be riding your own horse or one of ours).If you are on a *Tailor Made Course* please give details of your proposed course.