WESSEX RIDING CLUB

****Wessex Riding Club

Day Camp& Training

Session Date: Register interest

Name:……………………………………………………… Tel Number ……………………………

Email address: ………………………………………………………………………………………….

Are you a member: Yes / No Membership number (if known)…………………………………….

Horse and rider experience (please give me some details so I can group similar riders together) ……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

Do you wish to jump? Yes / No

If yes what maximum height?

Are you happy to do pole work (poles on the ground) Yes / No

Would you like to take part in a Pilates for rider’s session? (Social distancing rules will apply and we will try and do this outside) Yes / No

**Price**: tbc

**Lunch** (any dietary requirements?) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

BACS details:

**Barclays Bank**. Account number: **83050513** Sort Code: **20-02-25**. Please use DC/surname as the reference. (Once payment has been made it is non refundable unless your place can be filled)

Times will be issued at least 2 days before the date of the clinic.

I agree to abide by the rules of Wessex Riding Club and the venue.

We may take photographs at our events, both social and at competitions, for use on our website and other social Medias. If you do not wish to be photographed or wish for any photographs of you not to be used in this manner, please inform a member of our committee before attending any of our events.

Signed: …………………………………………. Date: ………………..

Please send your completed form to Lorna Warren lorna\_roger@hotmail.com