

SOUTHERN REGIONAL BYRDS REGISTRATION FORM 2011

RIDER NAME		D.O.B
RIDER EXPERIENCE EG: PC, EVENTING, NOT MUCH ETC!		BD MEMBER YES/NO
HORSE/PONY NAME		
COLOUR	AGE	HEIGHT
HORSE EXPERIENCE		
HORSE/PONY NAME (IF YOU HAVE MORE THAN ONE RIDE)		
COLOUR	AGE	HEIGHT
HORSE EXPERIENCE		
What are your aims for 2011?		
ADDRESS	EMAIL ADDRESS (PLEASE FILL IN CLEARLY IF YOU HAVE ACCESS TO INTERNET. THIS IS THE EASIEST WAY FOR US TO CONTACT YOU)	
	HOME PHONE	
POSTCODE	MOBILE	
NAME OF PARENT/GUARDIAN		CONTACT NUMBER IF DIFF. FROM ABOVE
TRAINERS NAME		
ANY OTHER INFORMATION (MEDICAL CONDITIONS ETC)		
DATE	DATE RECEIVED	
Please return to: NICCI HILL. Milton Mount Hammerwood East Grinstead, RH19 3QE. timandnicci@btinternet.com		