



Berks • Bucks • Hants • IOW • Northants • Oxon • Warks



### Application for BYRDS Training

Rider Name:			Rider Age:
Address:			
Telephone:		Mobile:	
Email:			

I wish to apply for a place on the training session at:	
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On: (insert date)		With: (insert trainer if known)	
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Where the application is for a Squad/BD Test Riding Clinic, please confirm here which test you wish to ride: \_\_\_\_\_

I enclose a cheque for £\_\_\_\_\_ payable to British Dressage.

I accept that I/my child attends a British Dressage training session at my own risk and will not hold British Dressage, the venue owner, trainer or organiser responsible for any accident or damage howsoever caused.

Signed/Parent guardian if under 18: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

Please complete a separate form and enclose a separate cheque for each training session. Please write on the back of the cheque, Central BYRDS, date of training, name of rider, and trainer, thank you.