



RIDERS BOOT CAMP REGISTRATION FORM

Saturday 20th – Sunday 21st June 2015

First Name	Surname	Details	
		Contact No. Mobile	
		E-mail	

Interest in the Sport (Please Circle): **RIDER** **COACH** **OFFICIAL**

DRESSAGE **JUMPING** **EVENTING** **SHOW HORSE** **VAULTING**

OTHER (Please Specify) _____

YES I would like to take the Rider Fitness Challenge ☐

If yes please specify (circle) preferred session time (s) :

Saturday 9 am or 10.45 am or 12.30 pm or 2.30 pm

Sunday 9 am or 10.45 am or 1.00 pm

Places are limited to 8 per group so will initially be allocated on a 'first come/first served basis'



Cheques to be made out to Equestrian WA or

I authorize \$ _____ to be deducted from my credit card

Credit Card No:

EXPIRY DATE: /

Name on the Card:

SIGNED: DATE:

Please complete and return by Thursday 18th June to:

EWA High Performance & Education Manager
Email jennine.smith@equestrianwa.org.au or Fax 9296 1194