|  |  |
| --- | --- |
| Name of Rider |  |
| Address |  |
| Telephone |  |
| Email |  |
| SSA Membership number |  |
| Not a SSA member(please tick box if not a SSA member) |  |
| Name of Horse |  |
| Level currently riding at |  |
| Equitation Test you intend to complete at the Nat. Show (if applicable) |  |
| Showing class you intend to compete in (if not aiming for equitation) |  |
| I wish to receive instruction in\* | Equitation □ Showing □ Equitation Jumping □ |
| Name of parent or guardian (if rider is 18 or under) |  |