



# CRANLEIGH SCHOOL EQUESTRIAN CENTRE BLOCK BOOKING FORM

With effect from July 2019

## RIDER

Full Name:	DOB:	Age:
Lesson Time:		
Medical Condition (if changed since completion of Riding Registration Form):		

## PARENT/GUARDIAN

Full Name:	Email:
Mobile:	Landline:

## BLOCK BOOKING

Date	Tick for booking request

Total payment to be paid by cash/cheque (made payable to 'Cranleigh School') or bank transfer:

Cranleigh School, Sort Code: 40-51-62, Account No: 69052797. Please reference BACS payments as "Surname CSRS"

## CONSENT

I confirm that all the information on the Riding Registration Form previously completed, is still accurate and I will inform the CSEC of any changes.
I confirm that I still accept the General Information, Code of Conduct and Terms & Conditions as previously indicated.
Parent / Guardian's signature:
Date: