

CRANLEIGH SCHOOL EQUESTRIAN CENTRE BOOKING FORM

With effect from July 2019

PARENT/GUARDIAN

| | |
|-------------|-----------|
| First Name: | Surname: |
| Address: | |
| | |
| | Postcode: |
| Email: | |
| Mobile: | Landline: |

RIDER

| | | |
|---|-----------------------------|------|
| Full Name: | DOB: | Age: |
| Emergency Contact: (if different from above): | | |
| Emergency Contact Mobile: | Emergency Contact Landline: | |
| Date: | | |

EVENTS

| Date: | Event: | Cost: | Cheque/Online: |
|-------|--------|-------|----------------|
| | | | |
| | | | |
| | | | |
| | | | |

CONSENT

| |
|--|
| <p>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.</p> <p>I confirm that I still accept the General Information, Code of Conduct and Terms & Conditions as previously indicated.</p> |
| Parent / Guardian's signature: |
| Date: |