

Application for inclusion in BBDRC Training			
Name		Junior	Senior
Telephone No.	Land Line..... Mobile.....		
Please provide both so you can be contacted with details of your time			
Please provide details of a contact person in case of emergency			
Name:	Are there any medical conditions the trainer should know about you prior to teaching you?		
Number(s):	Y / N If yes please give details below		
Name of Training			
Date of Training			
Preferred Time			
Cheque enclosed	£		
Please forward together with fee to: Wendy Strang, 14 River View, Bedlington, Northumberland NE22 5LR			
Notes			
Give details of the level of your riding for the type of training (if jumping lesson state the height you are happy jumping)			
If there are any quirks we should know about jot it down here too			

Most of all have fun – learn lots – and come back soon



Feedback from your lesson would be gratefully received to enable us to learn from your experience