

DAN DELSART TEAM TRAINING BOOKING FORM

	Date	Preferred Time
I am/am not competing at the Novice Team SJ (Please circle)	11th Feb 2012	1pm 2pm 3pm 4pm (Please circle preferred time)
Standard of horse/rider - (relevant information for the trainer)		
Name	Address	
Mobile Phone No – Times will be sent via text		
Cheque Enclosed: £10	Cheques made payable to: <i>Rockingham Forest Riding Club</i>	
Emergency Contact Name & Phone No. (compulsory)		
Please detail any known medical conditions (e.g. diabetes, asthma):		
Signature (Signed parent guardian if under 18):		

SEND TO: Rosemary Batten: 8 Howards Court, Wollaston,
Wellingborough, Northants, NN29 7AE

NB: If you have completed a form but do not attend, you will be required to pay for the session you have booked.