TRAINING APPLICATION FORM

Date of training ………………

Training type (e.g. DR/SJ/XC) ……………………………………………………

Trainer ……………………………………………………

Cost of training (can be found in the programme or on the website) £……..

Rider’s name ……………………………………………………

Telephone No ……………………………………………………

Email address ……………………………………………………

Horse’s name ……………………………………………………

What level of training do you require (approximately, to help us create matched groups)?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Jumping: | Up to 70cm🗆 | 80-90cm🗆 | 70-80cm🗆 | 90-100cm🗆 | 1m+🗆 |
|  |  |  |  |  |  |
| Dressage: | Prelim🗆 | Novice🗆 | Elementary🗆 | Medium🗆 | Adv Med+🗆 |

Cheques payable to ‘ECCTG’

Please send this form to the organizer of the training as soon as possible to ensure you get a space.