

Professional Course Booking Form

Please print and complete in block capitals and return to
Wellington Riding,
Basingstoke Road,
Heckfield, Hook.
Hampshire
RG27 0LJ.

* Delete where applicable

Please reserve me a place on the:

Working Student Course

Intensive Course

Commencing on the ____/____/____ for which I enclose a non-returnable booking fee of £250 (for Working Students, the £250 booking fee is a deposit returnable on completion less any agreed deductions).

INTENSIVE COURSE OPTIONS

Foundation Course

12 Week Course

Overseas Course

Short Day Option

II or I Course Supplement

ACCOMMODATION

I wish to stay in student accommodation

Single room supplement (if available)

LIVERY (for intensive students only)

I wish to bring ____ horse(s) and will telephone/visit you to agree requirements and arrival details:

Name of Horse: _____ Height: _____ hh

* Mare / Gelding

* Straw / Shavings

Any special requirements / information regarding your horse:

RECOMMENDED INSURANCE – *Intensive students only*

I would like to receive information on insurance to cover any loss of fees on cancellation or early termination necessitated by illness or injury.

PERSONAL DETAILS

Name: _____

Address: _____

Postcode: _____

Country: _____

Telephone Day: _____

Evening: _____

Mobile: _____

Email: _____

Date of Birth: _____

Height m/ft: _____

Weight st/kg: _____

National Insurance Number (UK residents only) _____

BHS Membership Number _____

Do you hold your Riding and Road Safety Exam?

BHS Date gained: ____/____/____

Pony Club Date gained: ____/____/____

Medical Problems or any susceptibility to injury e.g. back problems, asthma, epilepsy, diabetes.
N.B. You will not be permitted to ride or take any BHS examinations if you are pregnant.

(Please state 'none' if you have none)

Tetanus cover up to date? * YES / NO

PAYMENT DETAILS

Please tick as appropriate

Credit/Debit Cards:

- VISA
- MASTERCARD
- JCB
- SWITCH
- DELTA

Number: _____

Start date: ____/____/____ Expiry date: ____/____/____

Issue No: _____ For Deposit Only _____ For All Fees _____

Cardholders Signature: _____

Card Holders Name (Block Capitals): _____

I have read both the Course details and the scale of fees. I agree to abide by the course conditions and the terms of payment of fees. I understand that Wellington Riding does not issue refunds.

Signature: _____ Date: _____

I hereby authorise the above and undertake to guarantee the fees and the charges relating to it. In addition, I authorise a representative of the establishment to act in the capacity of temporary guardian for any emergency, medical or dental treatment that requires the signing of consent forms.

Signature: _____ * Parent / Guardian

Name: _____ Date: _____

Wellington Riding is an equal opportunities employer.