

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:

1 Month Introductory Course (obligatory for 11 Month Practical Course)

Commencing on the ____/____/____ for which I enclose a non-refundable fee of £250.

Followed by :

11 Month Practical Course

11 Month Practical Course (Apprentice Scheme)

INTENSIVE COURSE OPTIONS

Foundation Course

12 Week Intensive Course

Short Day Option

II or I Course Supplement

Commencing on the ____/____/____ for which I enclose a deposit of £250.

ACCOMMODATION

I wish to stay in on-site accommodation

Single room supplement (if available for Intensive students only on long day option)

LIVERY – places subject to availability

Intensive student livery

11 Month Practical Course Livery (available after completion of Introductory Course and acceptance on follow-up course)

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:

INSURANCE – We would recommend insurance cover is taken out for Intensive Students 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: ____/____/____ Security Code _____

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.