

# 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.*