

SADDLE CLUB MEMBERSHIP FORM

NAME:

.....

ADDRESS:

.....

.....

TELEPHONE...

.....

EMAIL:

.....

HEIGHT:

.....

WEIGHT.....

.....

DATE OF JOINING...../...../.....

.....

RIDING EXPERIENCE:

.....

.....

INTERESTS: (PLEASE TICK THOSE WHICH APPLY)

DRESSAGE/FLATWORK.....

.....

JUMPING.....

.....

TO JOIN PLEASE COMPLETE THIS FORM AND SEND TO SHOW SECRETARY, SPARSHOLT

COLLEGE, WESTLEY LANE,

SPARSHOLT, SO21 2NF