



## Christoph Hess Ridden Clinic – Application form Sept 16<sup>th</sup>-19<sup>th</sup> 2010

- **All of the details below must be completed  
for your application to be accepted**

Riders Name:		DOB:	
EA Number:		Current Coach:	
Address:			
Home Phone:		Work Phone:	
Mobile Phone:		Email address:	
Preferred date & number of lessons desired:			
Cost/lesson: EWA Squad Riders=\$150 ; Non-Squad EWA Members=\$230			

*(All lessons to be private & 40 minutes in duration)*

<b>First Nominated Horse:</b>		Date of Birth:		
EA Number:		Breed:		
Level Currently Competing:				
1. Horse's best three (3) best performances (aggregate score from all judges of the class) in the <b>12 months</b> prior to this application closing date:  <i>(As horse and rider combination)</i>	Test	%	Venue	Date
<b>2) Horse's highest level of training (please list regular coach and/or clinics attended if applicable)</b>				
<b>3) Number of lessons and date/time requested with this horse:</b>				
<b>4) Would you be available to ride as a demonstration rider at the Sept 16<sup>th</sup> workshop and/or Sept 18<sup>th</sup> evening Masterclass?</b>				

<b>Second Nominated Horse:</b>		Date of Birth:		
EA Number:		Breed:		
Level Currently Competing:				
1. Horse's best three (3) best performances	<b>Test Details</b>	%	<b>Venue</b>	<b>Date</b>



I understand that in submitting this application I am not guaranteed placement in this clinic.

If successful in my application, I must pay out all fees applicable at least 2 weeks in advance and understand that should I need to cancel less than 2 weeks prior to the clinic date, a veterinary/doctor's certificate is required to obtain a 50% refund for my lesson(s) if the organizer is unable to fill the lesson space

Signature of applicant: \_\_\_\_\_ Date: \_\_/\_\_/\_\_

Signature of Guardian/Parent: \_\_\_\_\_ Date: \_\_/\_\_/\_\_  
(if rider under 18 years of age)