



# TRP Programs Booking Form

51 Callington Road  
Strathalbyn SA 5255  
mob: 0417 315 308

## 2020

Closing 2 weeks the date of Program.

RIDERS -

FIRST NAME:

SURNAME:

**Attended Previously** – Please only add new details, we should know who you are by now =)

ADDRESS:

DOB: / /

SUBURB:

POSTCODE:

PHONE:

EMAIL:

**PARENT/GUARDIAN**

FIRST NAME:

SURNAME:

EMERGENCY

RELATIONSHIP TO

CONTACT NUMBER:

STUDENT:

**Please tick:** All programs you would like to be apart of.

	Own Horse	TRP Horse		Own Horse	TRP Horse
<input type="checkbox"/> Group Ride – 14 <sup>th</sup> Apr	\$90	\$110	<input type="checkbox"/> Group Ride – 21 <sup>st</sup> Apr	\$90	\$110
<input type="checkbox"/> Pole Work – 15 <sup>th</sup> Apr	\$90	\$110	<input type="checkbox"/> Pole Work – 22 <sup>rd</sup> Apr	\$90	\$110
<input type="checkbox"/> Novelties Group – 16 <sup>th</sup> Apr	\$90	\$110	<input type="checkbox"/> Novelties Group – 23 <sup>rd</sup> Apr	\$90	\$110
<input type="checkbox"/> Jumping Club – 17 <sup>th</sup> Apr	\$90	\$110	<input type="checkbox"/> Jumping Club – 24 <sup>th</sup> Apr	\$90	\$110

*2020 Prices may be subject to change without notice. If rider requires extra assistance, extra cost will be discussed with management*

**Does the rider suffer or has ever suffered from any medical condition that may affect or risk the rider, the instructor or any other person?** Please give details of any conditions: \_\_\_\_\_

**Is the Rider on any medication? YES / NO**

Details if YES: \_\_\_\_\_

Do you give The Riding Patch the right to take photos and publish them on social media sites and website – such as our Facebook page & Instagram? **YES / NO - Other Comments:** \_\_\_\_\_ (No last names shown, No FB etc.)

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
SIGNATURE OF APPLICANT OR PARENT/GUARDIAN

\_\_\_\_\_/\_\_\_\_\_/20\_\_\_\_\_  
DATE

Payment can be made by **DIRECT DEPOSIT** - BSB: 085 921 and ACC NO: 574320425 Acct Name: The Riding Patch.

**Please use your surname as a payment reference** and forward this entry form as soon as possible to the above postal address.

**Full payment and completed form are required two weeks before the event for your position to be held.**

*Please contact the office to get conformation date*

**Please Note:** *Sickness/Fail to attend:* If after the closing date you cannot attend selected dates and times a 50% deposit will be refunded if you provide a medical and/or vet certificate. *Event Postponement:* After the closing date only 50% of the full amount will be refunded if the event is cancelled/postponed AND if you cannot attend the rescheduled time.

**Office Use only:**

Date Paid / / 2020	Receipt No.	Amount \$	Payment Method	Signed
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