

Hampshire Riding Therapy Centre Ltd

Registered Charity 1062253

Application Form

(Please complete this form but if you are less than 18 ask your parent or guardian to sign on your behalf)

Title First Name Last Name

Age

Address.....

.....

Town..... County..... Post Code.

.....

Telephone... ..

Mobile

Brief reason for applying (eg, Diabetic, heart condition, want to ride, love horses, etc)

Tell us a little about your condition (eg, Been diabetic 1 year, find life a trial, etc)

Tell us a little about your experience with horses/animals (NB: It doesn't matter if you have none it just helps us know your standard.)

Tick the box if you think you would be interested in summer camps

Tick the box if you think you would be interested in day courses

I would like to apply to be a pupil at Hampshire Riding Therapy Centre Ltd.

Signed..... Date

Signature of parent/ guardian if the applicant is under 18

Signature Date