



Correspondence: *The Secretary*
Nicky Munro 0411600074
42A Lenori Rd, Gooseberry Hill, WA 6076
nicky@researchsolutions.com.au

Enquiries chief coach: *Stephanie Spencer*
stephspencer@iinet.net.au

ENROLMENT FORM
01.01.2018 – 30.06.2018

PARTICIPANT DETAILS

NAME OF RIDER: _____ Date of Birth: __/__/____ AGE: _____

ADDRESS (for WADYRA Correspondence): _____

SUBURB: _____ POSTCODE: _____

TELEPHONE (home) _____ (mobile) _____

EMAIL _____

Student / Employed (please circle)

PARENT DETAILS

NAME OF PARENT/GUARDIAN: _____ (if rider under 18 years)

CONTACT TELEPHONE _____ EMAIL _____

I understand that my child must be accompanied by Parent or Guardian on all occasions at training days.

Signature: _____

HORSE AND RIDER DETAILS

RIDER EXPERIENCE _____

CURRENT HORSE _____

ADDITIONAL HORSE _____



MEMBERSHIP

TYPE OF MEMBERSHIP	COST	No RALLIES	TOTAL
Single	\$235.00	4	
TOTAL AMOUNT OWED			\$

*Please note that riders under 18 years must have a Parent/Guardian who is responsible for them.

METHOD OF PAYMENT: CASH CHEQUE *DIRECT DEBIT

I / We acknowledge that I / We wish to become a member of WADYRA and have read and accepted the following Addendums to this Enrolment Form:

- 1) Photography Permission Form
- 2) Medical Information Sheet and Consent Form

I / We understand that WADYRA does not accept liability for any accident, damage, loss, injury or illnesses to horses, owners or property.

RIDER: _____ **PARENT/GUARDIAN:** _____

(Must be signed if rider is over 18 years of age)

DATE: _____

* WADYRA bank details:

BSB 036-237

Account Number: 230538

Account Name: WADYRA

Westpac Woodvale

Please use your Surname as the Reference.