

NAME: _____



2015 ENSW SHOW HORSE YOUNG RIDER DEVELOPMENT SQUAD

Applications close 1 November, 2014

DATE OF B	IRTH:			
ADDRESS:				
POST CODE	E:			
		MOBILE:		
EMAIL:				
SHOWING				
DATE	SHOW NAME	AWARD	SECTION (PONY, GALLOWAY, HACK, RIDER, BREED)	

DATE	SHOW NAME	AWARD	SECTION

CURRENT COMPETITION HORSE:	
HORSE EA NUMBER:	
HEIGHT:	SADDLE CLOTH SIZE
RIDER T- SHIRT SIZE:	
JACKET SIZE (SML MED LRG):	
PREFERED LOCATION FOR CLINICS (PLS CIRCLE)	SIEC EPIC
WOULD MY PARENT/GUARDIAN BE PREPARED	TO JOIN A YOUNG RIDERS SUBCOMMITTEE (PLS CIRCLE)
YES	NO
IF YES	
NAME:	
BEST CONTACT PHONE NUMBER:	
EMAIL IF DIFFERENT:	
HAVE YOU ATTENED ANY PREVIOUS CLINICS (P	LS CIRCLE)
YES NO	
	I GIVE PERMISSION FOR THE ENSW TO USE AND SHOW HORSE COMMITTEE MEMBERS, FOR ADVERTISEMENT, AND
I ALSO DECLARE THAT BOTH I	(Parent) AND
	(Applicant) WILL CONDUCT OURSELVES IN ACORDANCE TO THE ENSWIDDE OF CONDUCT/ETHICS AT ALL TIMES. THIS INCLUDES CONDUCT ON SOCIAL
	(Applicant) WAS TO RECEIVE A PLACE ON THE ENSW YRE AY AND THEIR ACTIONS WOULD BE UNDER SCRUITINY AT ALL TIMES.
EXCELLENT SPORTSMANSHIP, HORSEMANSHIP, GRA	IS RESPONSIBLE TO DISPLAY ACE AND INTEGRITY. IF AT ANYTIME IT WAS REPORTED BACK TO THE SADDLE REECHED THEY WOULD BE REMOVED FROM THE YRD SQUAD.
SIGNED APPLICANT:	
NAME:	
SIGNED PARENT/GUARDIAN:	
NAME:	

Return to: NSW Show Horse Committee, Young Rider Development Squad, 10 Manikato Place, Kembla Grange NSW 2527 or email to Danielle Govier at brenden_park1@hotmail.com or Renee Fowler at <a href="mailto:rightauto-right