

REACH RIDERS GROUP MEMBERSHIP APPLICATION FORM

MEMBER DETAILS			
NAME	DATE OF BIRTH (IF UNDE	R 18)	
ADDRESS	POSTCOI	DE	
HOME NUMBER	MOBILE NUMBER		
EMAIL ADDRESS			
EMERGENCY CONTACT NAME AND I	NUMBER		
HORSE/PONY DETAILS:			
STABLE NAME			
TELEPHONE NUMBER/NAME OF YAF	RD CONTACT		
NAME OF VETERNARY PRACTICE			
 I HAVE MY OWN PUBLIC LIA I HAVE MY OWN PERSONAL 	ALL OF THE REACH RIDERS GROUP ABILTY INSURANCE ACCIDENT INSURANCE	TERMS AND CONDITIONS	
	ACILITIES AT THE ARENA AT MY OVELITIES FOR THE USE OF RRG		
	SBLE FOR MY OWN SAFETY (AND		
·	and Conditions AND Guidelines fo e Reach Riders Group Facebook pa	r the Use of the Arena are available on the age.	
(Parent of guardian to complete	and sign for all members <u>under 1</u>	8 years of age)	
SIGNED	Name	Date	

IF MEMBERS ARE AGED 16 YEARS OR UNDER the following must ALSO be completed by a parent or guardian

- I am the parent/guardian of the child listed above who is under 16 years of age.
- I wish the child to use the riding facilities at the 24Acres.
- I agree that I am responsible for the child in my care and undertake to ensure that he/she use the facilities in accordance with the safety rules and advice contained within the Group's Terms and Conditions and Rules of Use of the Arena
- I acknowledge that I am responsible for the supervision of the child named above and the safety of them, our mount and possessions.

SIGNED	Name	Date

ANNUAL MEMBERSHIP FEE £35 (12 month membership from 1st March)

Payment by

BACS to REACH RIDERS GROUP Sort Code 30-99-50 (Lloyds) Account No 61743260 (Please use member name as reference) **or** cheques to be made payable to REACH RIDERS GROUP

Please return this form to:

Sue Cameron 2a Burwell Road, Reach, Cambridgeshire CB25 0JH Email: ewenandsue@btinternet.com
Mob 07879627859