

WEYMOUTH AND DISTRICT RIDING CLUB
MEMBERSHIP FORM 2011

NAME _____

ADDRESS _____

POSTCODE _____ email address _____

TEL NO. _____ mobile _____

Date of Birth _____

Membership Required JUNIOR £15 SENIOR £20

I wish to join/ renew my membership of Weymouth and District Riding Club.
(Delete as appropriate)

Do you have any of the following? (please give the year the qualification was obtained):-

BHS qualifications _____ Pony Club tests _____ Riding club tests _____

Riding and Road Safety _____ First Aid _____

Your Horse Continue over if more than two horses

Name of Horse _____ Dressage Points _____ BSJA Points _____

Name of Horse _____ Dressage Points _____ BSJA Points _____

Tick your interests

Dressage Show Jumping Hunter Trials Endurance Trec

Teams Trips Rides Other (please state) _____

Signature. _____ Date _____

Please make cheques payable to Weymouth and District Riding Club and send to :-
Mrs Marielle Hemingway Highfield Grove Road Osmington Weymouth DT3 6EZ
Phone 01305 833034.

Club email:- weydistr@tiscali.co.uk website www.weydistr.org

PLEASE REMEMBER THAT WITHOUT HELPERS WE CANNOT RUN EVENTS.

Please could you and/or members of your family offer to assist at some events. Please indicate the type of events you prefer below.

Showjumping	<input type="checkbox"/>	Annual Shows (preparation)	<input type="checkbox"/>
Dressage events	<input type="checkbox"/>	Annual Show (stewarding)	<input type="checkbox"/>
Gymkhanas	<input type="checkbox"/>	General Fund-raising	<input type="checkbox"/>
Hunter Trial (preparation)	<input type="checkbox"/>	Hunter Trial (jump judging)	<input type="checkbox"/>
Club Rides	<input type="checkbox"/>		

Please sign if you object to your address being released for discounts. Signed _____

For Club use only Membership No. _____ CHQ/CASH Welcome pack