

# 2010 Demonstration Rider Form

Title: Surname: Given Names:  
Address: PC:  
Postal Address: (if different) PC:  
Phone: Mobile: Fax:  
Email:  
Date of Birth:  
Are you a current EA member? YES (My EA number: \_\_\_\_\_) NO  
Horses Name: Horse Sex/Type:

## Level of horse & rider combination:

Dressage: Competition: Training:  
Cross Country: Competition: Training:  
Showjumping: Competition: Training:

Current Coach: Last lesson date:  
Comfortable Jumping Height: Water Jumps: Yes No  
Riding up and Down Hills: Yes No

Clinic Date (please indicate date/s of attendance): \_\_\_\_\_

Please return Form to:  
Equestrian Queensland NCAS co-ordinator  
PO Box 1358, COORPAROO D.C. QLD 4151  
Ph: 07 3891 6611 Fax: 3891 3088  
Email: sasha@efaq.com.au

*Equestrian Queensland would like to thank you for your participation in the NCAS Training Program. Without your assistance the training and subsequent exam could not have taken place. Your patience, attendance and attention to the presentation of yourself and your horse are acknowledged and appreciated.*

