

# Bourne Valley Riding Club - Application for SL Residential Camp

**Stockland Lovell Residential Camp - Monday 23<sup>rd</sup> April to Thursday 26<sup>th</sup> April, 2018**

**Form to be returned by 23<sup>rd</sup> March 2018.**

Name ..... Membership No. 18/041/.....

Address .....

..... Postcode .....

Telephone Number ..... E-mail.....

Emergency contact details:

Name ..... Telephone Number .....

Name of Horse ..... Horse's age .....

**\*The horse's name on this form must be the name shown on the flu/vac certificate\***

**Riding Sessions** Please indicate the number & type of riding sessions you would prefer (6 sessions in total)

Flatwork	0 / 1 / 2 / 3 / 4 / 5 / 6	Gridwork	0 / 1
Hacking	0 / 1 / 2 / 3 / 4 / 5 / 6	Show Jumping	0 / 1 / 2
		Cross Country	0 / 1 / 2

Please indicate your level of proficiency.

## **Flatwork working at**

Basic Flatwork  Prelim  Novice  Elementary

## **Show Jumping**

2' or less  2'3"  2'6"  2'9"  3'  3'3"  3'6"+

## **Cross Country**

2' or less  2'3"  2'6"  2'9"  3'  3'3"  3'6"+

Second Horse add £100 to cost

Special dietary requirements: Vegetarian / Celiac / Other (please state) / None

## **Please Sign Disclaimer:**

The Hill family (proprietors of Stockland Lovell), for themselves, their servants, agents, employees and all those connected with Stockland Lovell do not accept any liability for any damage, whether occasioned by the negligence or breach of contract or statutory duty of themselves, their servants, agents, employees or those connected with Stockland Lovell or otherwise or whosoever.

It is an express condition of every person entering upon Stockland Lovell that he/she agrees, and if he/she is under 18 years of age, his/her parent and/or accompanying adult also agree that he/she does so at his/her own risk and voluntarily accepts the risk of injury or damage that is implicit in horse riding activities.

I agree to abide by the current Stockland Lovell Health & Safety Policy Procedures.

I have read the disclaimer and agree to abide by the rules.

**I understand the flu/vac rules printed in the camp details note & confirm I have checked flu/vac certificate / passport & believe it complies with the rules.**

I have enclosed a cheque / paid Bank Transfer deposit of £100 and agree to pay the balance £225 by 1<sup>st</sup> April 2018.

Cheques made payable to 'Bourne Valley Riding Club' or

Bank Transfer to Sort Code: 20-02-25, Account No.: 40404357, Account Name: Bourne Valley Riding Club (quote SL & your name)

Signed:..... Date:.....

Form to be returned to:- **Sandra Groves, 58, Hedge End Road, Andover, Hants SP10 2DJ. 01264 396390**