

B.S.J.A. JERSEY
DAY MEMBERSHIP APPLICATION

I hereby apply to be admitted as a day member for the duration of the classes

to be held on :2018

NAME OF RIDER		DATE OF BIRTH	
		JUNIORS	
NAME OF PARENT OR GUARDIAN (Juniors)		TELEPHONE	
		MOBILE	
ADDRESS		EMAIL	

HORSE/PONY NAME		NUMBER	
-----------------	--	--------	--

I agree to abide by the Constitution of the BSJA Jersey, the rules & regulations as set out in the BSJA Rules and Year Book, the BSJA Jersey Local Rules and all rules as outlined on the hire agreement for using the school.

SIGNED DATE