

CLASSIFICATION FORM

PLEASE PRINT CLEARLY

Date of Request:

Name of Person Making Request:

Relationship to Rider to be Classified (if applicable):

Contact Details:

Has the rider been classified previously? Yes / No

Where & when:

Rider Aware of Request: Yes / No

ESNZ Membership No:

RIDER DETAILS

Name:

D.o.B.:

Address:

Postcode

Phone:

Mobile:

email: (print)

Medical Diagnosis:

other Relevant Information:

Dressage Club/RDA Group:

Name of Coach:

Brief outline of Riding experience:

Please forward completed form to equestrian sports New Zealand
Judy Alderdice 266 Ara-Kotinga, RD1 MANUREWA 2576
or judy@nzequestrian.org.nz

