



Course Place & Date:

Course: Level I Course Level II Course
 Level I Course Vaulting Level I Course Endurance

	<input type="checkbox"/> Mrs	<input type="checkbox"/> Mr	<input type="checkbox"/> Miss
First name:		Family name:	
Address:			
City & Post Code:			
Country:			
Telephone:		Fax:	
Mobile:		Date of birth:	
E-mail:			
Nationality:		NF of:	
Professional activity:			
Why would you like to do this course?			

1. TECHNICAL LEVEL AS A RIDER:

a. Disciplines practiced:

Jumping Dressage Eventing Vaulting Endurance Other:

b. Riding experience (years): _____

c. Riding experience (level) (*star + height for jumping; *star for eventing, Preliminary/ Elementary, Medium/ Advanced, PSG and up for dressage; * for vaulting)

At International level:

At National level:

Others (pls specify): _____

d. Best personal result: _____

2. PRACTICE AS A COACH:

a. Disciplines coached:

- Jumping Dressage Eventing Vaulting Endurance Other:

b. Professional experience as a coach (nb of years):

c. Professional activity as a coach (club coach, national coach, freelance, etc.)

d. Number of pupils: _____

e. Highest level of competition of your best riders/pupils : (*star + height for jumping; *star for eventing; (Preliminary/Elementary, Medium/Advanced, PSG and up for dressage; * for vaulting)

- At International level: _____
- At National level: _____
- Other; please specify: _____

f. Best result obtained with a pupil: _____

3. DIPLOMA/CERTIFICATE(S) OBTAINED

4. OTHER CERTIFICATES:

- First Aid
- Other (please list)

5. REFEREE

(National or else)

Your signature:

NF Signature:

Date: