

TUAKAU ADULT RIDING CLUB

MEMBER INFORMATION



Member Name		
Horse Name & Age		
How long have you been riding?		
Riding Style (select)	<input type="checkbox"/>	English
	<input type="checkbox"/>	Western
	<input type="checkbox"/>	Other (add detail)
Riding Discipline/s (select)	<input type="checkbox"/>	Dressage
	<input type="checkbox"/>	Endurance
	<input type="checkbox"/>	Eventing
	<input type="checkbox"/>	Natural Horsemanship
	<input type="checkbox"/>	Show Hunter
	<input type="checkbox"/>	Show Jumping
	<input type="checkbox"/>	Other (add detail)
Riding Instructor Name (if applicable)		
How often do you ride?		
Does your horse need company when riding?		
What are your riding goals this year?		
Why do you choose to be a member of TARC and what sort of activities would you like us to run?		
Emergency Contacts (2) name & mobile		
Any medical information we should be aware of?		