



PLEASE PRINT CLEARLY

PAID _____

DATE _____

**THE LONDON HORSEMANSHIP CLUB
SCHOOLING SHOW MEMBERSHIP FORM**

RIDER: _____

ADDRESS: _____

_____ PHONE #: _____

COACH: _____

EMAIL:_(please print clearly)_____

AGE OF RIDER, IF UNDER 18: _____

There will be a \$2.00 refundable deposit required for show number.

***Does the LHC have permission to place your picture on the website and in the programme?

Yes _____ NO _____ (initial please)

PLEASE PRINT CLEARLY