



# APPLICATION FOR SCHOOLS MEMBERSHIP

British Showjumping, Meriden Business Park, Copse Drive, Meriden, West Midlands CV5 9RG

E-mail: [membership@britishshowjumping.co.uk](mailto:membership@britishshowjumping.co.uk) Website: [www.britishshowjumping.co.uk](http://www.britishshowjumping.co.uk)

Tel: +44 (0) 2476 698800 Fax: +44 (0) 2476 696685

## MEMBERSHIP

SCHOOL NAME .....

ADDRESS: .....

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TEAM NAME: .....

HEADTEACHER: .....

TELEPHONE: .....

EMAIL: .....

SIGNATURE .....

Main contact for Team

TITLE	NAME
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DATE OF BIRTH\* \_ \_ / \_ \_ / \_ \_ \* Information is mandatory

ADDRESS .....

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TEL: .....

E-MAIL: .....

If you are happy for British Showjumping to send documents and information to you in electronic form, please tick here. ☐

Should a journalist wish to speak to you for reporting purposes are you happy for us to release your details Yes ☐ No ☐

Please tick here if you wish to hear from our Sponsors, Business Partners or selected third parties who may at times wish to provide you with information about goods or services which may be of interest to you. ☐

## TEAM MEMBERS

(CAN BE CHANGED THROUGHOUT THE YEAR)

TEAM MEMBER AND HORSE / PONY'S NAME \*

1ST RIDER .....

2ND RIDER .....

3RD RIDER .....

4TH RIDER .....

\*MUST HAVE INDIVIDUAL APPLICATIONS ACCOMPANIED

HEIGHTS

0.70m ☐

0.80m ☐

0.90m ☐

1.00m ☐

1.10m ☐

BY BECOMING A MEMBER YOU ARE GIVING PERMISSION FOR THE NAMES OF PUPILS TO BE INCLUDED IN PUBLISHED RESULTS OF COMPETITION.

PLEASE NOTE ANY RIDERS WHO MUST NOT BE INCLUDED \* (MUST INFORM BRITISH SHOWJUMPING OF ANY CHANGE OF CIRCUMSTANCE)

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TOTAL TO PAY £30

## TERMS AND CONDITIONS OF MEMBERSHIP OF BRITISH SHOWJUMPING

On becoming a member of British Showjumping I agree to be bound by the Memorandum and Articles (available on application or the website) and all Rules, Regulations and Bye-laws thereunder and I agree to be bound by the Rules laid out in the official Rules and Year Book of British Showjumping which is revised and published annually and I agree that the decisions of the Executive Board Stewards and other competent authorities of British Showjumping given in accordance therewith shall be binding upon me and I Authorise my name to be placed on the Register of Members of British Showjumping.

I agree that any DBS checks that are required are the responsibility of the school and not British Showjumping

I wish to become a member of British Showjumping of the type ticked above. I enclose my remittance which I understand will be returned to me should this application be rejected. I agree to abide by the terms and conditions laid out above. I wish to pay by the following method. N.B. We cannot accept American Express.

CARDHOLDERS NAME:

CARD NUMBER Cheque ☐ Credit Card ☐ Direct Debit ☐

VALID FROM

EXPIRY

ISSUE NO.  
(if applicable)

NAME ..... SIGNATURE..... DATE.....