



REGISTRATION FORM INTERNSHIP

To complete and send, together with the deposit payment, before the beginning of the internship to: (mail or post) laetitia.valente0477@orange.fr

RIDER:

NAME: FIRST NAME:
Date of birth / /
Riding Level: Beginner, occasionally rides, rider, good rider.
Years of riding experience:.....

BOOKING INNERSHIP:

Date: from/...../..... to/...../.....
Specify (strike out what is not necessary):
 Half board / full board / without accommodation
 One person / two person/ three person
 Double bed room / twin beds room
 With your personal horse / with our school horses

SECURITY:

Wearing the helmet complies with the current mandatory standard for mounted activities.
Individual equestrian insurance:
 You have one: N°.....company.....
 You need one(french equestrian federation): for one month: 8 € / for one year: 36€

PERSON TO CONTACT IN CASE OF EMERGENCY

Last name / First Name:
Relationship:..... Tel: /
Allergy / health problem:

AUTHORIZATIONS:

I, the undersigned (first and last name).....,
Address.....
 Authorizes équin'ox equestrian farm to practice any medical intervention that would require the state of the rider's health.
 Authorizes équin'ox equestrian farm to use the image, photos or videos of the rider, taken during the courses, to promotion and information purposes.

PAYMENT:

Internship's amount (see price list) € + options chosen (insurance): €;TOTAL = €
Payment method: CB; check; species; holiday vouchers ; other (explain, list).....

Signature at date: