

**EQUESTRIAN AUSTRALIA
PARA EQUESTRIAN RIDER CLASSIFICATION REQUEST**



Please print clearly

Date of Request: _____ Name of Person Making Request: _____

Relationship to Rider to be Classified (if applicable): _____

Contact Details: _____

Has the rider been classified previously? Yes / No Where & when: _____

Rider Aware of Request: YES NO | EA Membership No: | _____

RIDER DETAILS

Name: _____ D.O.B.: _____

Address: _____

State: _____ Postcode _____

Phone: _____ Mobile: _____

Email: (print) _____

Medical Diagnosis: _____

Other Relevant Information: _____

Dressage Club/RDA Group: _____

Name of Coach: _____

Brief Outline of Riding Experience: _____

Please forward completed form to EA National Office

ATTN: Camilla Mowbray, PO Box 673 Sydney Markets NSW 2129 or camilla.mowbray@equestrian.org.au