



Please submit 2 passport size photographs

STC Equestrian and Sports Centre

Registration for Horse Riding Lessons & Participation in Equestrian Activities

Name :

Date of Birth : Sex :

Nationality : Height :

IC / Passport Number : Weight :

Residential Address :

Post Code : City & State :

Mobile Phone : Home Phone :

Office Phone : email :

Riding Experience :

What are your riding goals? Leisure Competition Exercise Uncertain

Other sports activities:

Health conditions or any previous injuries:

Drug Allergies (if any):

IMPORTANT (please provide a minimum of two (2) CURRENT contact numbers)

In case of emergency, please notify:

Name :

Mobile Phone : Home Phone :

Email : Office Phone :

I declare that the above particulars are true and correct. I hereby agree to abide by the Rules & Regulations of the STC Equestrian & Sports Centre Riding School.

.....
Signature of Applicant
DATE:

.....
Signature of Parent / Guardian
(For applicant below 18 years)
DATE:

FOR OFFICE USE ONLY

Registration Fees..... Lesson Commencement Date Membership Type Card Opened YES / PENDING