



EQUESTRIAN AUSTRALIA

PARA EQUESTRIAN RIDER CLASSIFICATION REQUEST

Date of Request: _____

Name of Person Making Request: _____

Contact Details: _____

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

Rider Aware of Request: ☐ YES ☐ NO

RIDER DETAILS

Name: _____ D.O.B.: _____

Address: _____

Postcode: _____

Phone: _____ Fax: _____

Email: _____

Medical Diagnosis: _____

Other Relevant Information: _____

Dressage Club/RDA Group:

Name of Coach:

Brief Outline of Riding Experience:

On completion please return to:

Equestrian Australia

Attn: Tracey Lesslie

P.O Box 673

Sydney Markets, NSW 2129