



PICTURE

Course Place & Date:**Course:**☐ Level I Course☐ Level II Course☐ Level I Course Vaulting☐ Level I Course Endurance☐ Mrs☐ Mr☐ Miss

First name:		Family name:	
Address:			
City & Post Code:			
Country:			
Telephone:		Fax:	
Mobile:		Date of birth:	
E-mail:			
Nationality:		NF of:	
Professional activity:			
Why would you like to do this course?			

1. TECHNICAL LEVEL AS A RIDER:**a. Disciplines practiced:**
☐ Jumping ☐ Dressage ☐ Eventing ☐ Vaulting ☐ Endurance ☐ Other:
b. Riding experience (years): _____**c. Riding experience (level)** (*star + height for jumping; *star for eventing, Preliminary/ Elementary, Medium/ Advanced, PSG and up for dressage; * for vaulting)☐ At International level:☐ At National level:☐ Others (pls specify): _____**d. Best personal result:** _____

2. PRACTICE AS A COACH:**a. Disciplines coached:**

☐ Jumping ☐ Dressage ☐ Eventing ☐ Vaulting ☐ Endurance ☐ Other:

b. Professional experience as a coach (nb of years):**c. Professional activity as a coach (club coach, national coach, freelance, etc.)**

d. Number of pupils: _____**e. Highest level of competition of your best riders/pupils : (*star + height for jumping; *star for eventing; (Preliminary/Elementary, Medium/Advanced, PSG and up for dressage; * for vaulting)**

☐ At International level: _____
☐ At National level: _____
☐ Other; please specify: _____

f. Best result obtained with a pupil: _____**3. DIPLOMA/CERTIFICATE(S) OBTAINED**

4. OTHER CERTIFICATES:

☐ First Aid
☐ Other (please list)

5. REFEREE

(National or else)

Your signature:

NF Signature:

Date: