



Rider Expression of Interest

South Australia

Name:

DOB:

Phone:

Email:

Address:

Postcode:

NDIS Participant

Yes

No

Have you been Para classified before?

Yes

No

If yes, what grade & profile?

Equine Interests — Please circle as many as you want.

Dressage

Stockmans Challenges

Eventing

Show Horse

Trail Riding

Reining

SJ

Non-Competitive

Western

Pony Club

Carriage Driving

Other

Do you have a physical impairment or are vision impaired?

Yes

No

If yes, could you share a small bit of information, please do not feel pressured to share this information at this time

Horses Details – if applicable.

Name:

Age:

Breed:

Training Stage

Emergency Contact: Name

Phone:

Return this form to Noella Angel via email noella_angel@outlook.com.au

