

**Show Jumping Course Design Clinic Registration Form**

**Participant Details**

Name: ……………………………………………………………………………………

Address: …………………………………………………………………………………

Suburb: ………………………………………………………………………………….

State: ……………………………….. Postcode: ………………………………..

Email: …………………………………………………………………………………….

Phone: ………………………………

**Membership Details**

Are you a… (Please tick)

EA Member Pony Club Member YSJC Member

JNSW Member EA Affiliated Club Member

Membership Number: ……………………………………………………………………..

Club Name: ……………………………………………………………………………………..

Current CD Level (if applicable): ………………………………………………………

**Payment Details**

Young Show Jumping Club BSB: 802367 Acc: 400238342

Please use your name /CD clinic as the reference.