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**Course Place & Date:** .....

**Course:**             Level I Course                             Level II Course  
                           Level I Course Vaulting             Level I Course Endurance

	<input type="checkbox"/> Mrs	<input type="checkbox"/> Mr	<input type="checkbox"/> 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.)**

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**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**

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**4. OTHER CERTIFICATES:**

- First Aid
- Other (please list)

**5. REFEREE**

(National or else)

Your signature:

NF Signature:

Date: