

Please complete and return this form to British Eventing by 10th June 2021

Gemma.Harriss@britisheventing.com

Rider Name:				
Rider DOB & Age:				
Horse Name:				
Horse Age:		Height:	hh	Sex:
Under 18 Region:				
Telephone:				
Email:				
Address:				

Minimum Performance Standards (MPS)

Please list your **THREE** best British Eventing competition results from Current and proceeding Year

Horse	Event and date	Result	Comments

Please list the British Eventing Regional Training you have attended between Current and proceeding Year

Date	Region	Training/Camp (including topic covered)	Comments

Please complete the statement below, in no more than 250 words:

"I would like to be accepted onto the BE Regional Foundation Skills Academy because..."

Referees to Support Application

Please complete the name of the Regional Youth Coordinator, Regional Youth Assistant and/or Regional Youth Coach who you have communicated with and will be supporting your application with a reference.

The referee will be contacted by British Eventing to obtain a reference following submission of your application.

Regional Youth Coordinator:

Regional Youth Assistant:

Regional Youth Coach(es):

I understand that by completing this form I commit to attending the camps and agree to the Terms and Conditions.

Signed:

Date:

If the applicant is under the age of 18, parental/guardian consent is required.

Print name:

Contact email:

Telephone number:

Signed:

Date:

British Eventing Office Use Only

Application received

Application verified

References received

Application outcome

British Eventing Office Notes

Comment

Initial

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