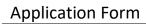
## **British Eventing Regional Youth Foundation Skills Academy**

2021



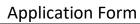


Please complete and return this form to British Eventing by 10<sup>th</sup> June 2021 Gemma.Harriss@britisheventing.com

Rider Name	e:					
Rider DOB 8	& Age:					
Horse Name	e:					
Horse Age:			Height:	hh	Sex:	
Under 18 Re	egion:					
Telephone:						
Email:						
Address:						
Please list you	ur <b>THRE</b>		Eventing com			and proceeding Year
Horse	Eve	nt and date	Re	esult		Comments
Year						Current and proceeding
Date	Region	Trai	ining/Camp	(including topic	covered)	Comments

## **British Eventing Regional Youth Foundation Skills Academy**







"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.										
_	Youth Coordin									
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	on verified									
References received										
Application outcome										
British Eventing Office Notes										
Comment						Initial				

Please complete and return this form to British Eventing by 10<sup>th</sup> June 2021 Gemma.Harriss@britisheventing.com