



Please attach a recent passport-sized photograph.

BUKIT TIMAH SADDLE CLUB

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ASSESSMENT RIDE APPLICATION FORM

MR / MRS / MISS _____

HOME ADDRESS _____

EMAIL ADDRESS _____

CONTACT NO. _____ (H) _____ (HP)

NRIC / PASSPORT NO.: _____ SINGAPOREAN: YES / NO PR: YES / NO

AGE _____ HEIGHT IN METRES _____ WEIGHT IN KILOS _____ (*MAX. 85KG)

PREFERRED DAY: (Please Circle as Appropriate) TUE / WED / THU / FRI / SAT / SUN

PREFERRED TIME: (Please Circle as Appropriate) 7 AM / 8AM / 9 AM / 4 PM / 5PM / 6PM

DO YOU HAVE ANY RIDING EXPERIENCE (Structured Lessons)? : YES / NO

* Please note that the assessment ride is for a **rider with prior riding experience.**

PLEASE GIVE DETAILS OF YOUR RIDING EXPERIENCE:

SIGNATURE

DATE

Office Use:

Date Submitted:

Rider Level:

Offered Time Slot(s):