



BUKIT TIMAH SADDLE CLUB

No. 51 Fairways Drive Singapore 286965

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TRAIL RIDE APPLICATION FORM

MAIN CONTACT

MR / MRS / MISS _____

HOME ADDRESS _____

EMAIL ADDRESS _____

CONTACT NOS.: _____ (H) _____ (HP)

RIDER 1 NAME: _____

AGE: _____ HEIGHT: _____ M WEIGHT: _____ KG

ANY PRIOR RIDING EXPERIENCE? YES NO

RIDER 2 NAME: _____

AGE: _____ HEIGHT: _____ M WEIGHT: _____ KG

ANY PRIOR RIDING EXPERIENCE? YES NO

RIDER 3 NAME: _____

AGE: _____ HEIGHT: _____ M WEIGHT: _____ KG

ANY PRIOR RIDING EXPERIENCE? YES NO

RIDER 4 NAME: _____

AGE: _____ HEIGHT: _____ M WEIGHT: _____ KG

ANY PRIOR RIDING EXPERIENCE? YES NO

REQUESTED BOOKING DATE/TIME: _____

*Subject to availability and confirmation by the Riding School Office

SIGNATURE

DATE

PLEASE NOTE THAT ALL RIDERS WILL HAVE TO SIGN A WAIVER OF INDEMNITY FORM PRIOR TO THE RIDE.

Office Use:

Date Submitted:

Payment Received:

Comments: