



BUKIT TIMAH SADDLE CLUB

No. 51 Fairways Drive Singapore 286965

Tel: 6466 2264 • Fax: 6468 5810 • Email: ridingschool@btsc.org.sg

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

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

TIME SLOTS (Subject to availability and confirmation by the Riding School Office)

Preferred Day: Tue Wed Thu Fri Sat Sun

Preferred Time: 7am 8am 9am 4pm 5pm 6pm

SIGNATURE

DATE