

Central Indiana Equestrian Team

Rider Information

Name:

Age:

Grade:

School:

Equestrian Experience:

Previous Show Experience, Divisions shown in, and Top Height Level Competed at.

(Below Information to be completed by Coaches Only)

Notes:

Possible Competition Divisions Eligible:

Division Assigned to for 2018 / 2019 season:

Rider Information

Student Name: _____

Student Number: _____

Student Email: _____

Mother Name: _____

Mother's Phone Number: Cell: _____

Mother's Email: _____

Mother's Address: _____

Father's Name: _____

Father's Phone Number: Cell: _____

Father's Email: _____

Father's Address: _____

Emergency Contact: _____