



Participant Form

Name.....

Address

.....

EmailDate of Birth

Centre Name:

Name and membership Number of Accredited Professional Coach.....

Are you a member of the BHS? Y/N Membership No. if yes

Which of the following are you attending?

Essential Horse Knowledge Certificate

Progressive Riding Test

Riding School Assistant Helper Certificate

Challenge Awards

First Aid for Horses

BRC XC Training Days

BHS/BRC Camp

Fun/Pleasure Rides

Do you hold any other BHS qualifications? (Please list)

Contacting you

Your privacy is important to us. We record and use your information for the purposes of running and administering educational courses. We'll always keep your details secure and will only contact you regarding Participation and the Recreational offers that may be of interest to you. Your support allows us to help improve the lives of horses and the people who look after them. If you are over the age of 16, we may use your details to contact you about our work, products, services and tell you about how you can support us. This might include information about the fundraising we do and research projects we are involved with. Please tell us whether you are happy for us to send you emails about these things by ticking the relevant box below:

All fields marked with an asterisk (*) are required.

I'm happy to hear from you about things I might like by:

Email * Yes No

Signed: Date:

You can change these preferences at any time by emailing contactpreferences@bhs.org.uk For further details see <http://www.bhs.org.uk/privacy>

Office Use Only PID	
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