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Date Received	(Please tick appropriate	STANT RIDE LEADE	R	
Cheque Postal Order Cash Credit Card		LEADER RE MANAGER		
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	Forename(s):			
EXAMINATION FEE 2005:		Place of E		
Please refer to 'Dates List' or tel: 01926 707700	Home Address:			
List Centres in order of preference:				
	Telephone Number:			
1.	Height:	Weight: _		
2.	Qualifications alread	/ held - Date of exam and Cent	re name & address:	
3.				
4.	Correspondence address if different from above:			
Date and Centre booked:				
	Telephone Number:			
	I confirm I will attend a training/refresher course on:			
	at (Centre):			

WITHDRAWAL FROM EXAMINATIONS: Candidates wishing to withdraw from, or re-arrange, examinations should be aware that the closing date of an examination is 14 days before the exam date. Written confirmation of withdrawal or re-arrangement must be received in the BHS Approvals Office no later than 14 days before the exam date. Candidates who apply for, and obtain, a place at the requested examination within the "closed" 14 day period will be unable to postpone or cancel without loss of the fee involved. Withdrawal refunds are limited to 80% of the fee paid.

**DISABILITY OR INJURY**: Should you suffer from either a long-standing or recent injury or disability that might affect the result of this examination, this form should be accompanied by a brief history and supporting doctor's certificate.

THIS FORM MUST BE SIGNED: This is to certify that I take the examination at my own risk, that in the event of my receiving an injury I have no claim against the British Horse Society, and I accept that the Examiners' decision is final.

Signed:	Witness (Signature):	
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