



Complete form and submit to your DC at least one week prior to rally

RALLY MONTH		DATE	DATE	
RIDER NAME			DOB	
HORSE COMPETIT	TION NAME		I	
Circle current grad	le (if any) and give dat	e of grading as wri	tten on membership card:	
Dressage: Horse Trials Combined Training Show-jumping Tetrathlon Ride To Time	G/F/E/D/C/B/A D/C/B/A	Grading Date: Grading Date: Grading Date: Grading Date: Grading Date: Grading Date:		
New Grade Reques	sted:			
Dressage Horse Trials Combined Training Showjumping Tetrathlon Ride To Time	6/5/4/3/2/1 6/5/4/3/2/1 6/5/4/3/2/1 G/F/E/D/C/B/A D/C/B/A Open/Maiden	Max Height in cm Max Height in cm Max Height in cm Max height in cm	35 /50 / 65 / 80 / 95 / 105 35 /50 / 65 / 80 / 95 / 105 40 / 55 / 70 / 85 / 105 / 120 / 135 65 / 75 / 85 / 95	
Notes in support of	this application from ride	er, for example even	t placings	
Section 2: Consen I hereby verify that t		in this application fo	orm is true and accurate.	
Parent / Guardian Signature			Date	
Rider Signature (if over 18)			Date	
Section 3: Approva	al			
Officials Name		Date	Club Role	
Notes				