



Course Place & Date:

Course: Level I Course Level II Course
 Level I Course Vaulting

	<input type="checkbox"/> Mrs	<input type="checkbox"/> Mr	<input type="checkbox"/> Miss
First name:			Family name:
Address:			
City & Post Code:			
Country:			
Telephone:		Fax:	
Mobile:		Date of birth:	
E-mail:			
Nationality:		NF of:	
Professional activity:			
Why would you like to do this course?			

1. TECHNICAL LEVEL AS A RIDER:

a. Disciplines practiced:

Jumping Dressage Eventing Vaulting Other:

b. Riding experience (years): _____

c. Riding experience (level) (*star + height for jumping; *star for eventing, Preliminary/ Elementary, Medium/ Advanced, PSG and up for dressage; * for vaulting)

At International level:
 At National level:
 Others (pls specify): _____

It is the responsibility of the NF of the applicant to ensure that this completed form is received by the FEI at least two weeks before the course commences.
 Fédération Equestre Internationale, HM King Hussein I Building,
 Chemin de la Joliette 8, CH-1006 Lausanne
 e-mail andreina.wipraechtiger@fei.org or fax +41 21 310 47 60

d. Best **personal result**: _____

2. PRACTICE AS A COACH:

a. **Disciplines coached:**

- Jumping
- Dressage
- Eventing
- Vaulting
- Other:

b. **Professional experience as a coach (nb of years):**

c. **Professional activity as a coach (club coach, national coach, freelance, etc.)**

d. **Number of pupils:** _____

e. **Highest level of competition of your best riders/pupils :** (*star + height for jumping; *star for eventing; (Preliminary/Elementary, Medium/Advanced, PSG and up for dressage; * for vaulting)

- At International level: _____
- At National level: _____
- Other; please specify: _____

f. **Best result obtained with a pupil:** _____

3. DIPLOMA/CERTIFICATE(S) OBTAINED

4. OTHER CERTIFICATES:

- First Aid
- Other (please list)

5. REFEREE

(National or else)

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Your signature:

NF Signature:

Date:

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