



**THE BRITISH SHOW JUMPING ASSOCIATION**

**BSJA CENTRAL Region**

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**BSJA CENTRAL REGION JUNIOR ACADEMY JOINING FORM**

To join the Academy just complete the form below and return to Amanda McGlynn at the above address. There is no charge for joining.

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**Riders name** ..... **DOB** .....

**Address** .....

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**Guardians name** .....

**Telephone number** ..... **Mobile** .....

**Email address** .....

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Pony/Horse details

Name ..... Height ..... Age .....

Grade ..... Level competing .....

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Pony/Horse details

Name ..... Height ..... Age .....

Grade ..... Level competing .....

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Name .....

**Horse details continued**

Pony/Horse details

Name ..... Height ..... Age .....

Grade ..... Level competing .....

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Pony/Horse details

Name ..... Height ..... Age .....

Grade ..... Level competing .....

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Pony/Horse details

Name ..... Height ..... Age .....

Grade ..... Level competing .....

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Pony/Horse details

Name ..... Height ..... Age .....

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