PICTURE

Course Place & Date: .....

Course: ❒ Level I Course ❒ Level II Course
❒ Level I Course Vaulting ❒ Level I Course Endurance

	❒ Mrs ❒ Mr ❒ 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 ❒ Endurance ❒ Other:

b. Riding experience (years): _____
_____

c. Riding experience (level) (*star + height for jumping;*starfor eventing, Preliminary/ Elementary, Medium/ Advanced, PSG and up for dressage; * for vaulting)
❒ At International level:
❒ At National level:
❒ Others (pls specify): _____

d. Best **personal result**:_____

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Chemin de la Joliette 8, CH-1006 Lausanne
e-mail andreina.wipraechtiger@fei.org or fax +41 21 310 47 60

2. PRACTICE AS A COACH:

a. Disciplines coached:

❒ Jumping ❒ Dressage ❒ Eventing ❒ Vaulting ❒ Endurance ❒ 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)

Your signature: NF Signature: Date:

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