



Junior Academy Application Form – Pony Race Riders

Please complete this form in full so we can contact you when suitable training opportunities arise.

RIDER INFORMATION

Surname:		Age:	
First name:		Date of Birth:	
Address:			
County:			
Phone Number:		E-Mail:	
Pony Racing Region:		Name of School:	Year/Class:
Have you visited RACE before? Yes <input type="checkbox"/> No <input type="checkbox"/> Details:			
Please note following	Year started pony racing	Pony race rides	Pony race wins
Please select one of the following that currently applies to your riding:			
I ride my own horse only <input type="checkbox"/>		I ride for other owners only <input type="checkbox"/>	
I ride my own horse and for other owners <input type="checkbox"/>			
I ride up to:	12.2hh	13.2hh	14.2hh
Previous Experience (circle)			
Show Jumping / Pony Club + Name: _____ / Hunting / Trainers' yard + Name: _____ / Other			
No. years experience with horses: None 1-2 years 3-4 years 5-6 years 6+ years			
No. years experience with thoroughbreds: None 1-2 years 3-4 years 5-6 years 6+ years			

PARENT/GUARDIAN INFORMATION

Name	
Phone number	
Email address	

Submit by E-mail: Paul.Keane@racingacademy.ie or Post: Junior Academy, RACE, Curragh House, Dublin Rd, Kildare