

Registration Application

For all training programs in the English Language at the
Westfälischen Reit und Fahrschule e.V. Münster
www.peopletohorses.com | linda@peopletohorses.com
+49 2581 789 8793

Program-Nr.: _____ from: _____ until: _____

Desired exam: _____

All applications must be accompanied by the appropriate registration fee:

Personal Information:

First Name: _____ Last Name _____

Street: _____

Town: _____ State: _____ Zip code: _____

Date of birth: _____ Place of birth: _____

Occupation: _____

Telephone:
Home: _____ Office: _____ Mobile: _____

E-mail Address: _____

Information for Trainer Certification Programs and Performance Medal Programs:

Highest Performance Medal earned: _____ Date earned: _____

Name and member number of National Equestrian Association: _____

Accommodations: (please check appropriate one)

Hotel (please make reservation for me)___ Hotel (will make my own reservation)___

Apartment at school double___ single___ Don't need accommodations___

Meals: (please check appropriate one)

All meals___ Breakfast___ Lunch (meals on wheels, Mon.-Fri. only)___ Dinner___

I don't need meals___

Signature establishes that applicant agrees to adhere to all laws and rules of the
Westfälischen Reit und Fahrschule

Signature _____ Date _____