Robert McAuliffe, RMHB Pty Ltd
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Course Application Form

Print, Complete and Post to the above address

To secure your position in the course, please ensure you post the hardcopy well before course commencement

Date of Course:_____ Location of Course:_____

Name of Participant:_____ Date of Birth:_____

Address:_____ Postcode:_____

Phone:_____ Email:_____ Savvy Club Member Number:_____

Name of Horse:_____ Age:_____ Sex:_____

Parelli Level Currently Studying: ☐Beginner Level 1 ☐Level 1 ☐Level 2 ☐On Line ☐FreeStyle ☐Level 3 ☐On Line ☐FreeStyle ☐Liberty ☐Level 4 ☐On Line ☐FreeStyle ☐Liberty ☐Finesse

Please tick the appropriate answer to each of the following questions:

Are you the owner of the horse? ☐Yes ☐No

Is this horse currently being ridden under saddle by you? ☐Yes ☐No

How many hours under saddle has this horse experienced so far? ☐1-10 ☐10-20 ☐20-50 ☐50-200 ☐200+

Do you have any physical disabilities or injuries? ☐Yes ☐No

Are you currently on any medication that your instructor should be informed about? ☐Yes ☐No
If yes, please give details_____

Do you have any major allergies that your instructor should be informed about? ☐Yes ☐No
If yes, please give details_____

Have you read and signed the Agreement Liability Release included with the Logistics information for this course? ☐Yes ☐No

I agree for visual images of myself at the course to be used in Publications, including website pages. ☐Yes ☐No

Full payment is to be sent with Application Form. Please choose a payment option-

☐ Direct Deposit

Bank-NAB
BSB#- 084675
Account#- 168098101
Account Name- RMHB Pty Ltd
Please reference your full name in payment details

☐ MasterCard/Visa

Name on Card:_____
Card Number:_____
Expiry Date:_____
Signature:_____

I have read and understand the information provided me, including the disclaimer form enclosed. I understand that full payment is to be paid when submitting my application to reserve my space in the course. Please contact us if you have any problems regarding payment schedules. I understand that no refund or transfer of my deposit will be offered if I cancel within 14 days of the commencement of the course and if I wish to receive a refund or transfer of any funds deposited due to cancellation within this time I will need to produce a doctor's certificate or vet's certificate of injury or ill health.

Signed (Parent or Guardian for under 18 students):_____ Date:_____

Witnessed:_____ Date:_____