

**APPLICATION FORM FOR SCHOOLS APPLYING TO THE FOUNDATION.**

**NAME OF SCHOOL:**

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**ADDRESS:**

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**CONTACT TELS NOS**

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**EMAIL ADDRESS**

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**TYPE OF SCHOOL:**

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**AGE GROUP OF CHILDREN:**

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**ARE YOU LINKED TO ANY SPORTS FOUNDATIONS:**

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**HAVE YOU INCLUDE RIDING BEFORE IN YOUR ACTIVITIES, IF SO WHERE?**

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**DO YOU HAVE CHILDREN ATTENDING YOUR SCHOOL WHO COME FROM UNDERPRIVILAGED BACKGROUNDS?**

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**CAN YOU SAY HOW YOU FEEL HAVING RIDING LESSONS WOULD BENEFIT YOUR CHILDREN AND SCHOOL?**

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**DO YOU KNOW HOW MANY CHILDREN YOU WOULD BE TAKING THROUGH A SCHOOL TERM?**

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**DO YOU KNOW IF YOU HAVE A BHS APPROVED RIDING SCHOOL IN YOUR AREA?**

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**ARE YOU ABLE TO TRANSPORT THE CHILDREN TO AND FROM THE RIDING CENTRE WITH A MEMBER OF STAFF?**

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**ANY FURTHER ENQUIRIES PLEASE CONTACT MARY-ANNE HORN 01435 866766 OR USE THIS WEBSITE**