WESTERN CAPE DRESSAGE

CAPABILITY FORM

For Western Cape Dressage Team Selection for **Adults**

To be submitted to: wcdressagerankings@gmail.com for the WC Selectors panel

by the 21 June 2024

RIDER DETAILS	
Name of Rider	
Date of Birth	
ID Number	
Contact Cell	
Email address	
Physical address	
SAEF Number	
Member of which Club	
DSA Registration Number	
HORSE DETAILS	
Registered Name of Horse	
Passport Number	

Owner of Horse		
Age of Horse		
Name of Instructor		
Most recent AHS Inoculation	Number	Date
Most recent Flu Vac	Number	Date

I wish to be considered for the following WC **Adult** Dressage Team (please tick):

OPEN		**ELEMENTARY/ ELEMENTARY MEDIUM**		**NOVICE**	

I confirm I have read and understood the Team Criteria which was sent to together with this form and I have provided my performance results where requested.

In the event of my nomination for the team, I understand that:

1. It is my responsibility to ensure that the horse and I attend the Championships. Should ill health of the horse or myself prevent this, I will advise the Team Manager and/or WC Dressage Chairman at the earliest possible moment; and
2. There is no financial assistance provided by WC Dressage and that all costs incurred in attending the South African Championships must be borne by myself.

I agree to abide by the decisions of the selectors and to accept the authority of the appointed Team Manager. The decision of the selectors and Team Manager is final and no correspondence or discussion will be entered into.

I confirm with specific reference to paragraphs 2.2, 2.3, 2,4 and 3.1 (but not limited thereto) of the team selection criteria that I have been provided with and read the team selection criteria and that I shall abide by the terms and conditions contained in it.

Signed RIDER	

Rider's Name	
Date	

PERFORMANCE RESULTS

Although team selectors have access to all of your performance records, you are asked to list below the best performances achieved by you together with your nominated horse during the past 12 months.

Show Date	Show Holding Body / Venue	Test Ridden	% Achieved	Judge/s

REMARKS

If there is anything that you wish to add for the attention of the Team Selectors, please do so below:

