



MADRAS RACE CLUB



chennai@riding-school.com www.madrasraceclub.com/mrcs
(Unit of Madras Race Club)

RIDER - APPLICATION FORM

App.No: _____

Affix your
passport size
Photograph

NAME : _____

PROFESSION : _____

ADDRESS:

OFFICE

RESIDENCE

PHONE NO:

PHONE NO:

MOBILE NO:

E-Mail ID:

BIRTHDAY: ____/____/____

W.A.: _____

UNDERTAKING GIVEN BY THE APPLICANT: I will not hold **Chennai Riding School**, its Riders or Agents, responsible for any accident that I may suffer while on Horseback or in the Stables.

Date: ____/____/____

Signature of Applicant: _____

PROPOSED BY:

(BGR or BLR)

SECONDED BY:

(BGR or BLR)

FOR OFFICE USE ONLY

DATE OF INTERVIEW :

APPROVED BY :

COMMENTS :