



ShowjumpingIreland



Mackey Bar Application Form

DATE

I hereby wish to apply to take part in the SJI 5 BAR Training System

NAME:

MEMBERSHIP NO:

ADDRESS:

TELEPHONE NO:

MOBILE:

EMAIL ADDRESS

I AM CURRENTLY RIDING

_____ CM PONY / _____ HORSE

I AM CURRENTLY JUMPING

_____ CM _____ M

Trainers Name

I wish to complete the SJI/Mackey BAR

Level

Participant's signature (if over 18 Years) _____

Parent's signature (If under 18 Years) _____

Please return this form to your Regional Training Rep

Showjumping Ireland (A trading name of the S.J.A.I.)
Beech House, Millennium Park, Osberstown, Naas, Co. Kildare