**VAHPC AREA TEAM COMPETITIONS**

**EXPRESSION OF INTEREST FORM 2025**

Can everyone interested in being considered for selection for the VAHPC Area teams, please send the following details to the respective Team manager and DC by 31/3/25 at the latest. If aiming for more than 1 level, a form must be completed and submitted for each level.

**DISCIPLINE(S):**

**LEVEL AIMING TO COMPETE AT THIS YEAR-**

**RIDERS NAME –
RIDERS DOB -**

**AGE AS OF 01/01/2025 –
HORSE’S FULL PASSPORTED NAME –**

**PLEASE ENSURE THAT ALL VACCINATIONS ARE UP TO DATE AND A 6 MONTH CYCLE**

**DATE OF LAST VACCINATION -**

**HORSE’S PASSPORT NUMBER –**

**HORSE HEIGHT –**

**HORSE AGE -**

**HORSE COLOUR –**

**BD/BS/BE REGISTERED AND NUMBER IF REGISTERED -
HORSE OWNERS NAME AND ADDRESS –**

**NAME:**

**ADDRESS:**

**EMAIL:**

**TELEPHONE NUMBER:**

**I have read and agree to abide by Selection Policy.**

**Signed: (Parent on behalf of member if they are under 18) ....................................................**

**DISCIPLINE MANAGERS Contact details:**

**90+ Eventing / Dressage / SJ** – David Hope djhope120@msn.com

**70, 70+, 80 Eventing / Dressage/ SJ** - Lynette Morrissy lynettemorrissy@ymail.com

**Triathlon/Tetrathlon** - Leilah Bateman-Rawle thebaconrolls@gmail.com

**Prix Caprilli** – Lynette Morrissy lynettemorrissy@ymail.com