WELCOME TO South African National Equestrian Schools Association



This form must be completed by the Principal or Representa ve of the school on behalf of the school. In the case of a school being both Primary and High, it is necessary for BOTH to register.

Once the school applica on has been accepted by SANESA, it will be ac vated and reflect in Registered Schools.

SCHOOL DETAILS **REFERENCE NR:**S-GN1932 SCHOOL TYPE: SCHOOL NAME: PROVINCE: DISTRICT: STREET ADDRESS: POSTAL ADDRESS: SCHOOL E-MAIL: TEL: FAX: PRINCIPAL NAME: SIGNATURE: I agree to abide by the relevant Schools' Equestrian Cons tu on, Rules and Regula ons DETAILS OF PERSON RESPONSIBLE FOR EQUESTRIAN SIGNATURE: NAME: I agree to abide by the relevant Schools' Equestrian Cons tu on, Rules and Regula ons E-MAIL: FAX: MOBILE: TEL: SCHOOL STAMP COMPULSORY

You will ONLY receive no fica ons and informa on from SANESA regarding the sport. We undertake to treat your informa on as confiden all and informa on will NOT be given out beyond SANESA juris c on.

THANK YOU FOR TAKING THE TIME TO COMPLETE THIS FORM - LET OUR CHILDREN RIDE!