

EQUESTRIAN FEDERATION OF JAMAICA

6th Floor, ICWI, 2 St. Lucia Avenue Kingston 5, Jamaica, W.I.

Email: equestrian federation jamaica@gmail.com

CONTACT INFORMATION

Title: □ Mr. □ Mrs. □ Ms. □ Miss □ Other	
Name: Date Of Birth:	
Address:	
Phone Number:	
E-Mail:	
IF UNDER 18:	
Guardian Name:	
Contact Number:	
Email:	
ARE YOU INTERESTED IN JAIP INSURANCE?	
□Yes, Please email package □ No	
METHOD OF PAYMENT	
(Please check one)	
□ <u>Cash</u>	
\Box Cheque – made out to	
Equestrian Federation	
Jamaica (not EFJ)	
☐ <u>Direct Deposit</u>	
☐ Online Transfer- Equestrian	
Federation of Jamaica, CIBC	
(FCIB), Branch/Transit #: Manor	
Park 09076, Chequing, A/C	
#94902416	
Please note: For all Online transfers/ Direct	
Deposits please send proof of payment to:	

Equestrianfederationjamaica.@gmail.com

EQUESTRIAN FEDERATION OF JAMAICA MEMBERSHIP (2023)

Please Check One:	
□ Riding Membership (\$7,3	500)
□ Non-Riding Membership	(\$3,000)
□ Overseas Membership (USD	\$50)
DISCLAIMER FOR EQUESTRIA	NFEDERATION OF JAMAICA EVENTS
voluntarily assume this ris	ng at my own risk. I hereby sk and further do hereby release
	questrian Federation of Jamaica anizing Committee, Judges,
Officials, the Officers, Ag the Host of this event or h property on which the eve any injury or loss suffered competition, event or hor injury or loss resulted direc negligent acts or omission organizations, association EFJ to have full use of ar	ents, Employees and Volunteers norse trials and the owners of any ent or horse trials is to be held, for during or in connection with, the se trials whether or not such etly or indirectly from the ns of said persons, committee, as or companies. I also allow the my photographs/videos taken at epresenting Jamaica at any
SIGN	
220.1	
Name (in full)	Signature
(If under the age of 18)	
Parent/ Guardian Name	Signature

(in full)