

# Fiche de demande de stage

(établir une fiche par participant)

Adresse de correspondance administrative

COMPAGNIE NOROC  
M. Matthieu Six – 231 Rue d'Ardes  
62890 TOURNEHEM SUR LA HEM  
Tél. : 06.81.01.25.46  
[compagnienoroc@gmail.com](mailto:compagnienoroc@gmail.com)



Contact pour demande d'informations

Ferrari Marie-Christine : 06.62.79.67.57

Jacques FERRARI : 06.63.38.54.88  
Maud Bousignac-Dumont : 06.08.70.88.39

## PERSONAL INFORMATION

### Participant :

SURNAME : ..... Christian Name : .....  
Date of birth : ..... Nationality : ..... Sex : F  M   
Address : .....  
..... Post Code : ..... Town : .....  
Telephone : ..... @ : .....  
FFE licence number : .....  
Social security N° : ..... Dept : .....  
Private insurance N° : ..... Name of Private Insurance C° : .....  
Medical information : .....  
For emergency proposes / Persons to contact :  
Name : ..... Telephone : .....  
Name : ..... Telephone : .....

## CHOICE OF VAULTER TUITION

The courses are designed for a maximum of 16 participants

| FEES                               |                   |                    |
|------------------------------------|-------------------|--------------------|
| Size of tuition group              | 1 day course      | 2 day course       |
| Groups of less than 5 participants | 90 € / per person | 160 € / per person |
| Groups of 5 – 7 participants       | 80 € / per person | 140 € / per person |
| Groups of 8 or more participants   | 70 € / per person | 120 € / per person |
| Lunger and coach                   | 20 € per day      |                    |

- Duration of the desired course:  1 day  2 days.

Please **choose 2 dates** for the course (dates listed on the website) just in case your first choice is already fully booked :

Date 1 : ..... Date 2 : .....

- Your home Club name : .....

- Size of the tuition group (tick the one that you would like to enrol for) :  less than 5  5 to 7  8 and over

If choosing the course with 5 or more participants :

Please mention the club with which you come (It is possible to do club regroupings)

|  |  |
|--|--|
| Re-grouped Club name<br>(1 name only possible)   |  |
| Number of vaulters from the re-grouped club present for the course<br>(each participants must complete an individual inscription form) |  |
| Name of supervisor<br>(if present)   |  |

- Level of course requested :  introduction & novice level  amateur & international level

Your current level : .....

- Perfection level(s) desired (s) (as described on the website):  Overall  Required  Free  Technical program  Other

Additional informations :

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## HORSE TUITION

The courses are designed for 3 horses maximum.

If you wish to take advantage of our horse-coaching, please bring your horse/horses (except for the initiation/discovery course))

| PRICE LIST                                |                   |
|---|-------------------|
| Stabling (straw bedding)                  |                   |
| 1 day                                     | 40 € / per horse  |
| 2 days                                    | 70 € / per horse  |
| 3 days                                    | 100 € / per horse |
| Hay                                       |                   |
| 1 day                                     | 5 € / per horse   |
| 2 days                                    | 10 € / per horse  |
| 3 days                                    | 15 € / per horse  |
| Shavings (3 bails per stable recommended) |                   |
| Shaving bail                              | 16 €              |

Do you wish to participate with your horse(s) :  yes  no

If yes :

- How many horse(s) would you like to bring :  1  2  3
- Riding Club :  yes  no  
If yes, horse(s) name(s) :
- Your own horse:  yes  no  
Name of the horse :

Hay :

- I will supply my own hay :  yes  no
- I will require a supply of hay :  1 day  2 days  3 days

Bedding type :

- Straw  yes  no
- Shavings :  no  I will supply my own shavings  
 I will require shavings :  1 bale  2 bales  3 bales

If equine places were not available would you be willing to benefit from the training without your mount:  YES  NO

Would you like any specific work with the horse (or horses) :  YES  NO

If yes, please indicate the level of competition and the age of the horse ( or horses) :

Perfection level (s) desired (s) (as described on the website) :  Overall  Ground work on foot  Mounted  Lunge  
 Other

Additional information incoming the horse ((or horses))

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## RULES

### Acrobatic courses only :

Once your request for the course has been validated by la Compagnie Noroc, please sign and return confirmation that you have read and agreed to comply to the rules.

Payment for the course is required at this stage and must be settled by

Bank transfer (The RIB will be sent with the validation return of your request)

When you make the bank transfer indicate the name of the person doing the clinic and the date on which she will do the clinic.

- All the Noroc group are volunteers and offer you the opportunity to work with them.  
The fees received from your course registrations will be paid in full for the financing of NOROC's high-level competition seasons and the creation of new shows (music, costumes, horses, etc.)

### Horse courses :

Stabling fees for the horse (or horses) during the course will be paid on site at "Ecuries Du Cercle d'Or"

#### 1) Parental authorisation for minors

I the undersigned, Mr/Mrs \_\_\_\_\_

Legal representative of \_\_\_\_\_

- Authorize the association Compagnie Noroc, to take, in case of emergency, all measures necessary for the health of my child.
- Authorizes my child to participate in all the specific activities organized by the management.
- Authorizes the publication of photos, videos as part of the sports activity.

Town where signing : \_\_\_\_\_, date \_\_\_\_\_

**Signature of the legal representative** (preceded by the following phrase "Lu et approuvé" read and approved )

#### 2) Autorisation for adults

I the undersigned, Mr, Mrs \_\_\_\_\_

- Authorize the association Compagnie Noroc, to take, in case of emergency, all measures necessary for my health.
- Agree to participate in all the specific activities organized by the management.
- Authorizes the publication of photos, videos as part of the sports activity.

Town where signing : \_\_\_\_\_, date \_\_\_\_\_

**Signature of the legal representative** (preceded by the following phrase " Lu et approuvé" read and approved )

#### Encadré Réserve à la Compagnie Noroc

Validated Clinic date: .....

Number of horses validated (+ name): .....

Fare positioning rate (to be paid upstream): .....

Horse positioning tariff (to pay on the spot): .....

Signature of Compagnie Noroc