



Registration Form

Horse Vacations

Date: _____

Name of Ride: _____

Date of Ride: _____ Single _____ Double _____

Number of people in group _____ Unit Cost _____

Name: _____
(first) (last)

Second Rider: _____
(first) (last)

Address: _____ City: _____

Province _____ Postal Code _____ Country: _____

Telephone number: _____ Business Number: _____

E-mail address: _____

Best time and number to contact you. _____

Please fill in the following so we can best suit you to your horse.

	Rider # 1	Rider #2	Rider #3	Rider #4
Name of rider				
Age if under 18 Years				
Approximate weight				
Height				
Weight				
Rate your riding ability 0 = never been on a horse 1 = rode at trail riding establishments 2 = comfortable on a horse and know how to groom and tack a horse. 3 = had ten or more riding lessons and/or own your own horse.				

All riders must wear a helmet and healed shoes as per riding regulations.

Comments of riding ability: _____