

# Von Doeler's Ranch 2018 Overnight

## Rider Contact Information

**Rider 1 (Primary Contact)** Full Name: \_\_\_\_\_

Rider's Date of Birth: \_\_\_\_\_ Town/Country: \_\_\_\_\_

Rider's Phone: \_\_\_\_\_ Rider's Email: \_\_\_\_\_

Health Card #: \_\_\_\_\_ Weight: \_\_\_\_\_ Height: \_\_\_\_\_

Dietary Requirements/Allergies/Disabilities/Special Requirements: \_\_\_\_\_

Medications: \_\_\_\_\_

Riding Experience (style, years, frequency etc.): \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Contact #: \_\_\_\_\_

**Rider 2** Full Name: \_\_\_\_\_

Rider's Date of Birth: \_\_\_\_\_ Town/Country: \_\_\_\_\_

Health Card #: \_\_\_\_\_ Weight: \_\_\_\_\_ Height: \_\_\_\_\_

Dietary Requirements/Allergies/Disabilities/Special Requirements: \_\_\_\_\_

Medications: \_\_\_\_\_

Riding Experience (style, years, frequency etc.): \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Contact #: \_\_\_\_\_

**Rider 3** Full Name: \_\_\_\_\_

Rider's Date of Birth: \_\_\_\_\_ Town/Country: \_\_\_\_\_

Health Card #: \_\_\_\_\_ Weight: \_\_\_\_\_ Height: \_\_\_\_\_

Dietary Requirements/Allergies/Disabilities/Special Requirements: \_\_\_\_\_

Medications: \_\_\_\_\_

Riding Experience (style, years, frequency etc.): \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Contact #: \_\_\_\_\_

**Rider 4** Full Name: \_\_\_\_\_

Rider's Date of Birth: \_\_\_\_\_ Town/Country: \_\_\_\_\_

Health Card #: \_\_\_\_\_ Weight: \_\_\_\_\_ Height: \_\_\_\_\_

Dietary Requirements/Allergies/Disabilities/Special Requirements: \_\_\_\_\_

Medications: \_\_\_\_\_

Riding Experience (style, years, frequency etc.): \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Contact #: \_\_\_\_\_



**Rider 5** Full Name: \_\_\_\_\_  
Rider's Date of Birth: \_\_\_\_\_ Town/Country: \_\_\_\_\_  
Health Card #: \_\_\_\_\_ Weight: \_\_\_\_\_ Height: \_\_\_\_\_  
Dietary Requirements/Allergies/Disabilities/Special Requirements: \_\_\_\_\_

Medications: \_\_\_\_\_  
Riding Experience (style, years, frequency etc.): \_\_\_\_\_  
Emergency Contact Name: \_\_\_\_\_ Contact #: \_\_\_\_\_

**Rider 6** Full Name: \_\_\_\_\_  
Rider's Date of Birth: \_\_\_\_\_ Town/Country: \_\_\_\_\_  
Health Card #: \_\_\_\_\_ Weight: \_\_\_\_\_ Height: \_\_\_\_\_  
Dietary Requirements/Allergies/Disabilities/Special Requirements: \_\_\_\_\_

Medications: \_\_\_\_\_  
Riding Experience (style, years, frequency etc.): \_\_\_\_\_  
Emergency Contact Name: \_\_\_\_\_ Contact #: \_\_\_\_\_

**Rider 7** Full Name: \_\_\_\_\_  
Rider's Date of Birth: \_\_\_\_\_ Town/Country: \_\_\_\_\_  
Health Card #: \_\_\_\_\_ Weight: \_\_\_\_\_ Height: \_\_\_\_\_  
Dietary Requirements/Allergies/Disabilities/Special Requirements: \_\_\_\_\_

Medications: \_\_\_\_\_  
Riding Experience (style, years, frequency etc.): \_\_\_\_\_  
Emergency Contact Name: \_\_\_\_\_ Contact #: \_\_\_\_\_

**Rider 8** Full Name: \_\_\_\_\_  
Rider's Date of Birth: \_\_\_\_\_ Town/Country: \_\_\_\_\_  
Health Card #: \_\_\_\_\_ Weight: \_\_\_\_\_ Height: \_\_\_\_\_  
Dietary Requirements/Allergies/Disabilities/Special Requirements: \_\_\_\_\_

Medications: \_\_\_\_\_  
Riding Experience (style, years, frequency etc.): \_\_\_\_\_  
Emergency Contact Name: \_\_\_\_\_ Contact #: \_\_\_\_\_

