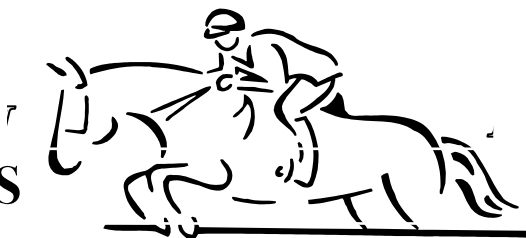


EQUESTRIANS



EXCELLENCE

**RIDER INFORMATION FORM**

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

PHONE: (\_\_\_\_) \_\_\_\_\_ WORK: (\_\_\_\_) \_\_\_\_\_

OTHER PHONE NUMBER: (\_\_\_\_) \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_

Do you have health insurance? Y/N What company? \_\_\_\_\_

Contact in case of emergency (name + phone #): \_\_\_\_\_

Medical concerns/conditions: \_\_\_\_\_

**RIDING EXPERIENCE:**

How long have you been riding? \_\_\_\_\_ Level of riding: Beginner/ Intermediate/ Advanced

Trail Rides Y / N Lessons Y / N - if yes please indicate level and discipline below:

ENGLISH Y / N LEVEL: \_\_\_\_\_

DRESSAGE Y / N LEVEL: \_\_\_\_\_

EQUITATION Y / N LEVEL: \_\_\_\_\_

HUNTER/ JUMPER Y / N LEVEL: \_\_\_\_\_

WESTERN Y / N LEVEL: \_\_\_\_\_

**RIDING APPAREL REQUIRED:** Initial next to any of the equipment you already have.

ASTM-01 Approved Helmet \_\_\_\_\_ Riding Boots \_\_\_\_\_ Chaps \_\_\_\_\_

1/2 Chaps \_\_\_\_\_, Breeches \_\_\_\_\_ Riding Gloves. \_\_\_\_\_.

(The Wharf can help outfit you, be sure to tell them you are riding with EE)

\*We require at least 48 hours notice of cancellation or we charge you the full amount (initial) \_\_\_\_\_

