SHADOWLANE STABLES

RIDER CONTACT & INFORMATION

Name of Rider: _____

Rider's Date of Birth: _____

Name of Parent/Guardian*: _____
*for riders under 18 years old

Home Address: _____

Home or Main Contact Phone Number: (_____) _____ - _____

Email Address: _____

Ontario Equestrian Number (if applicable): _____

Emergency Contacts

Name (Contact 1): _____

Relation to Rider: _____

Phone Number: (_____) _____ - _____

Name (Contact 2): _____

Relation to Camper: _____

Phone Number: (_____) _____ - _____

In Case of Emergency

Rider's Health Card Number: _____