

1 | Name & Contact Details of Person Booking

Title	First Name	Surname
House Name/Number		
Street		
Town		
City	Postcode	
Email		
Contact Phone Number		

2 | Type of Booking

Self-indulgent day for 1	<input type="checkbox"/>	mark with X
Bring a friend	<input type="checkbox"/>	
Special gift	<input type="checkbox"/>	

3 | Rider 1 Details

Title	First Name	Surname	Age	Height (feet & inches or cm)
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Weight

7-9 stones [44-57kg]	<input type="checkbox"/>	mark with X
9-11 stones [57-70kg]	<input type="checkbox"/>	
11-13 stones [70-83kg]	<input type="checkbox"/>	
Over 13 stones [over 83kg]	<input type="checkbox"/>	

Your Riding Experience

Have you ridden before?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	mark with X
Have you ridden recently?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Are you comfortable in trot?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Are you confident to canter?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Are you confident handling horses with supervision?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

Medical Questions

Are there any medical conditions or medication that we need to be aware of?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	mark with X
As some catering is provided during your day, are there any dietary requests?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

If you have answered Yes to any of the above, please let us know by using the box below:

3 | Rider 2 Details (if applicable)

Title	First Name	Surname	Age	Height (feet & inches or cm)
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Weight

7-9 stones [44-57kg]	<input type="checkbox"/>	mark with X
9-11 stones [57-70kg]	<input type="checkbox"/>	
11-13 stones [70-83kg]	<input type="checkbox"/>	
Over 13 stones [over 83kg]	<input type="checkbox"/>	

Your Riding Experience

Have you ridden before?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	mark with X
Have you ridden recently?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Are you comfortable in trot?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Are you confident to canter?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Are you confident handling horses with supervision?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

Medical Questions

Are there any medical conditions or medication that we need to be aware of?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	mark with X
As some catering is provided during your day, are there any dietary requests?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

If you have answered Yes to any of the above, please let us know by using the box below:

Office use only

3 | Rider 3 Details (if applicable)

Title	First Name	Surname	Age	Height (feet & inches or cm)
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Weight

7-9 stones (44-57kg)	mark with X <input type="checkbox"/>
9-11 stones (57-70kg)	<input type="checkbox"/>
11-13 stones (70-83kg)	<input type="checkbox"/>
Over 13 stones (over 83kg)	<input type="checkbox"/>

Your Riding Experience

Have you ridden before?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ridden recently?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you comfortable in trot?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you confident to canter?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you confident handling horses with supervision?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Medical Questions

Are there any medical conditions or medication that we need to be aware of?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
As some catering is provided during your day, are there any dietary requests?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If you have answered Yes to any of the above, please let us know by using the box below:

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