

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:

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

9-11 stones (57-70kg)

11-13 stones (70-83kg)

Over 13 stones (over 83kg)

Your Riding Experience

Have you ridden before? Yes No mark with X

Have you ridden recently? Yes No

Are you comfortable in trot? Yes No

Are you confident to canter? Yes No

Are you confident handling horses with supervision? Yes No

Medical Questions

Are there any medical conditions or medication that we need to be aware of? Yes No mark with X

As some catering is provided during your day, are there any dietary requests? Yes No

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