

HANDS ON HEAVY HORSES BOOKING FORM
FULL DAY RIDING EXPERIENCE | Page 1

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) |
|-------|------------|---------|-----|------------------------------|

Please provide an emergency contact number

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"/> | |
| 13-15 stones (83-95kg) | <input type="checkbox"/> | |

Unfortunately, our current weight limit for riders is 15 st

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 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:

Please fill in details of Riders 2 & 3 (if applicable) on the next page

Office use only

3 | Rider 2 Details [if applicable]

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

Please provide an emergency contact number

Weight

7-9 stones [44-57kg] mark with X

9-11 stones [57-70kg]

11-13 stones [70-83kg]

13-15 stones [83-95kg]

Unfortunately, our current weight limit for riders is 15 st

Your Riding Experience

Have you ridden before? mark with X Yes No

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? mark with X Yes No

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:

3 | Rider 3 Details [if applicable]

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

Please provide an emergency contact number

Weight

7-9 stones [44-57kg] mark with X

9-11 stones [57-70kg]

11-13 stones [70-83kg]

13-15 stones [83-95kg]

Unfortunately, our current weight limit for riders is 15 st

Your Riding Experience

Have you ridden before? mark with X Yes No

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? mark with X Yes No

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:

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