

**HANDS ON HEAVY HORSES BOOKING FORM**  
**HALF 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)
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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)
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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)
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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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