Please fill out the form below and send it back to me at your earliest convenience. If we do not receive this form prior to the session, some of the first session will be spent discussing this to ensure we can create the best learning opportunities.

|  |  |
| --- | --- |
| Name: |  |
| Preferred name: |  |
| Contact details (phone, email): |   |
| Emergency contact (name and phone): |  |
| Address: |  |
| Age:  |  |
| Date of birth:  |  |
| Email address to send invoices to: |  |
| Preferred pronoun (he, she, them, other) |  |
| Please detail experience with horses: |  |
| Please detail confidence around horses |  |
| Please detail any relevant medical conditions |  |
| Weight of participant (should they be engaging in riding. Please leave blank if not applicable). Our weight limit is 95kgs. We encourage participants, regardless of weight, to learn about horse whispering and natural horsemanship through our ‘on the ground sessions’. |  |

|  |  |
| --- | --- |
| Height (no height restrictions but it will help us decide on most suitable horse).  |  |

Any additional information?

We are excited to meet you and have you start with us!