

Windancer Stables

Owner / instructor Bethany Brown

Name: _____

Mailing Address: _____

Street Address: _____

City: _____ Province: _____ Postal Code: _____

Phone number: _____ E-mail: _____

Sex: M ___ F ___ Age: _____ OHIP#: _____ Height: _____ Weight: _____

Do you have any allergies or medical conditions? If yes please specify:

Previous riding Experience:

Emergency Contact info:

Name: _____ Relationship: _____

Home phone: _____ Work Phone: _____