



STRATFORD-FOX RUN EQUESTRIAN CENTRE

ACADEMY REGISTRATION & INFORMATION FORM

6286 Prince of Wales Dr. North Gower, ON. K0A 2T0

613 489-0210

t.howard@bell.net

Applicant's/Child's Full Name: _____

Age: _____

Height: _____

Name of parent (if applicant is under 18): _____

Address: _____

_____ Postal Code: _____

Cell number: _____ Home #: _____

Email address: _____

Briefly describe previous riding experience: _____

Any allergies or pertinent medical conditions: _____

**Information gathered in this form will be used to place the applicant in the appropriate lesson*

***I have read, understood and agree to the 2021 Lesson Pricelist and Policies for Academy Riders document.
Parent of Minor Child/or Adult Rider***

Signature: _____

****This must be signed and submitted back to the Stratford-Fox Run representative***