

STRATFORD-FOX RUN (SFR) EQUESTRIAN CENTRE
ACADEMY REGISTRATION & INFORMATION FORM
6286 Prince of Wales Dr. North Gower, ON K0A 2T0
613 489-0210 • judy.howard@stratfordfoxrun.com

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 2023 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*