

STRATFORD-FOX RUN EQUESTRIAN CENTRE

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613 489-0210/613 298 3854 Cell

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www.stratfordfoxrun.ca

ACADEMY REGISTRATION FORM

Applicant's/Child's Full Name: _____

Age: _____

Height: _____

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

Parent 1: _____ cell: _____

Parent 2: _____ cell: _____

Full Address: _____

Postal Code: _____

Student's 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*