



Rider Profile

Name: _____ DOB: _____

Home Phone #: _____ Mobile #: _____

Email: _____

Address: _____

Parent or Guardian Name: _____ Phone: _____

Emergency Contact: _____ Phone: _____

Medical Info: _____

Payment Info

Preferred Payment Method: Credit Card Cheque Cash Pre-Pay

Credit Card Authorization:

I _____, hereby authorize Maple Meadows to charge the following credit card.

Card type: Visa MasterCard

Name as shown on card: _____

Credit Card #: _____ Expiration Date: _____

Signature

Date