



Rider Profile

Name: _____ Date of Birth: _____

Cell #: _____ Email: _____

Parent/Guardian Name: _____ Phone #: _____

Emergency Contact: _____ Phone #: _____

Medical Info: _____

Maple Meadows Payment Policy - Riding Lessons are to be paid **before or on the day of the lesson**. To allow for Rider and Instructor Re-scheduling, lessons **MUST** be cancelled **24 hours in advance** with the Maple Meadows Office through email, phone, or text, **or the lessons will be charged**.

Please initial that you have read the above statements. _____

Payment Method: (Please circle your choice)

Credit Card Prepay by Cheque Prepay by Cash Prepay by Direct Debit (Etrans)

Credit Card Authorization:

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

Name as shown on card: _____

Credit Card #: _____

Expiration Date: _____

CCV: _____

Signature

Date

Do you wish to receive MAPLE MEADOWS EQUESTRIAN NEWSLETTER EMAIL UPDATES?

YES NO

