



Rider Information Sheet

Name: _____

Parent's names or legal guardian if under the age of 21: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone #(s): _____

Cell Phone #(s): _____

Who to contact in case of emergency: _____

Birthday (optional if over 21): _____

Medical and/or physical condition(s) that we should be made aware of: _____

What experience have you had with horses prior to coming to Libby

Ferguson's Training Center?: _____

How did you hear about Libby Ferguson Training Center? _____
