



North Fraser Therapeutic Riding Association

# 2009/2010 NFTRA RIDER INFORMATION FORM

(PLEASE PRINT CLEARLY)

Updated August 3<sup>rd</sup> 2007

<b>RIDERS NAME:</b>	
Address:	
City:	Postal Code:
Phone:	E-mail Address:
Birth date:	
Diagnosis:	
<b>MOTHER'S NAME:</b>	
Address:	
Phone:	Cell or Work:
Email address:	
<b>FATHER'S NAME:</b>	
Address:	
Phone:	Cell or Work:
Email address:	
<b>DOCTOR'S NAME:</b>	
Phone number:	
<b>ASSOCIATION/ GROUP HOME NAME:</b>	
Care worker/Contact:	
Address:	
Phone:	Email:
<b>EMERGANCY CONTACT ( Other than above)</b>	
Name:	
Phone:	Cell or Work:
<b>BILLING INFORMATION</b>	
Name:	
Address:	
City:	Postal Code:
Phone:	Email Address:

PLEASE INFORM US OF ANY CHANGES IMMEDIATELY.

Thank you