



North Fraser Therapeutic Riding Association
NFTRA RIDER INFORMATION FORM
 (PLEASE PRINT CLEARLY)

Updated August 3rd 2007

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

PLEASE INFORM US OF ANY CHANGES IMMEDIATELY.

Thank you