

Berkshire Riding Centre Ltd

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Contract

NAME OF CUSTOMER: _____

ADDRESS: _____

_____ POST CODE: _____

TELEPHONE NUMBERS

DAY: _____ EVENING: _____

MOBILE: _____

Please state below if you have any conditions or are taking any medications which the Centre should know about in the case of an accident or injury.

NAME OF HORSE: _____

DESCRIPTION: _____

ARRIVAL DATE: _____

I/ We confirm that I have read, understood and agree the general conditions of Livery and stable rules, and agree to abide by the rules / conditions contained therein.

SIGNATURE (Parent or Guardian if under 18):

_____ date _____