



PONY WEEK/DAY REGISTRATION FORM

Date of pony week/day:

Name:

Address:

Contact Numbers:

Relevant medical details:

e.g. allergies, asthma, epilepsy

Preferred Pony:

(Ponies are allocated at the start of the pony week/day. We cannot guarantee you will get your preferred pony. This will depend on the size and ability of the riders.)

Payment Details:

Deposit paid:

Date:

Balance paid

Date:

I give permission for my child to be photographed or videoed for the use of palmer's-stables.com.

Signature.....