



# Ewshot Riding Club



## Solo Traveller Information

Rider Name: \_\_\_\_\_

Horse Name: \_\_\_\_\_

Stable Address:

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Next Of Kin Name: \_\_\_\_\_

Next Of Kin Contact Number: \_\_\_\_\_

Medical History (please list anything that First Aiders, Paramedics etc. should be made aware of. For example, allergies, regular prescriptions etc.):

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