

STONEGATE FARM

RIDER REGISTRATION

Name: _____

Home Address: _____
Street

_____ **City** _____ **postal code**

Work Address: _____

Phone: (home) _____ **(work)** _____

(cell) _____ **e-mail** _____

IN CASE OF EMERGENCY

Name: _____

Address: _____

Phone: (home) _____ **(work)** _____

Physician: _____

Phone: _____ **Health Card** _____

In case of emergency, I give permission to Stonegate Farm to secure medical treatment including X-ray, surgery, hospitalization and medication.

Date: _____ **Signature:** _____