



All About Equine Animal Rescue, Inc.

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Pony Pals Farm Days Registration Form

Name: _____ Birthdate: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone (H): _____

Experience level: Beginner/Novice Intermediate Advanced Expert

Father/Guardian: _____ Mother/Guardian _____

Phone (H) _____ (C) _____ Phone (H) _____ (C) _____

Email: _____ Email: _____

Emergency Contact 1: _____ Relationship: _____

Phone (H) _____ (C) _____ email _____

Emergency Contact 2: _____ Relationship: _____

Phone (H) _____ (C) _____ email _____

Does child have any physical conditions that would limit his/her ability to perform quick movement(s), activities in extreme weather (hot or cold), or other rescue related activities?

Yes/No, if yes please explain _____
