

COLLINSWOOD
Rider's Insurance Worksheet

Rider's Name: _____

Birthday: _____

Day Phone: _____ Cell Phone: _____

Home Phone _____ E-Mail _____

Address: _____

Insurance Company: _____

Policy/Group Number: _____ Ins. Company Phone: _____
(Please attach copy of front/back of insurance card)

Emergency Contract #1: _____

Emergency Contract #2: _____

In the case of an emergency and the above people cannot be contacted, I authorize the staff of Collinswood LLC and / or Stanwood Equestrian Center to request medical attention for myself or my minor child.

Signature: _____ Date: _____