

Particulars of next-of-kin & medical details

To: The Shire Horse Society – Heavy Horse Camp 2022

Please complete, in CAPITAL LETTERS, the particulars required below.

- 1. FULL NAME AND TITLE
- DATE OF BIRTH:
- PERMANENT ADDRESS:
-
-
-

TELEPHONE NO:
(mobile)

- 2. NAME OF NEXT OF KIN:
- RELATIONSHIP:
- TELEPHONE NO:
(Home)
- TELEPHONE NO:
(Work)
- TELEPHONE NO:
(Mobile)

Please state any medical conditions we need to be aware of in case of emergency

Please state any allergies we need to be aware of in case of emergency

I can confirm that I have public liability insurance for myself / my horse
(Please tick)

I can confirm that I will leave my horses stable clean on departure from Heavy Horse Camp
(Please Tick)

SIGNATURE:.....NAME:.....