



Developing abilities and enriching lives through equestrian activities

NEW PARTICIPANT EXPRESSION OF INTEREST FORM

Date:

Name of Person Enquiring:

Address:

Phone No:

Email Address:

Name of Participant:

Age: Weight :

Disability:

Any comments:.....

Mobility:

Physical support needed: Y / N Walking / Sitting/ Standing

Verbal/Non-verbal:

Funding: NDIS Plan Managed / NDIS Self-Managed / Privately Funded

Special requests:

Days & Time Available to ride:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
9am - midday						
Midday – 4pm						
4pm – 5pm						

Email to: admin@rdacarine.org.au