

**Helen Woodward Animal Center's Therapeutic Riding
Annual Emergency Contact Update**

**Please return this form as soon as possible.
*We appreciate you writing clearly and neatly.***

Date: _____

Rider Name: _____

Parent/Guardian Name: _____

Address: _____

City, State, Zip: _____

Primary Phone Number: _____

Secondary Phone Number: _____

Email Address: _____

Emergency Contact #1: _____
(Other than Parent/Guardian listed above)

Primary Phone Number: _____

Secondary Phone Number: _____

Emergency Contact #2: _____
(Other than Parent/Guardian given above)

Primary Phone Number: _____

Secondary Phone Number: _____