

Norwich & District Riding for the Disabled Association

APPLICATION for WAITING LIST

Date of Enquiry	
Parent's Names	
Child's Name	
Date of Birth	
Age at Date of Enquiry	
Disability	
Can the rider see?	
Can the rider hear?	
Communicate/vocalize?	
Approximate height & weight	
School Attending	
Home Address	
Telephone Number	
Mobile Number	
Emergency Number	
Email Address	
Any other useful information.	

Please send the completed form to: **Mrs H. Woolley Willow House, 57 Ollands Rd Reepham Norfolk NR10 4EL**

Or, scan the completed form and email to rdanorwich@gmail.com

We will be in touch to acknowledge receipt of your application. Thank you.

