

**STRATFORD-FOX RUN EQUESTRIAN CENTRE**  
**RIDING ACADEMY SEMESTER REGISTRATION FORM**

6286 Prince of Wales Dr; North Gower, ON; K0A 2T0

613 489-0210 [www.stratfordfoxrun.com](http://www.stratfordfoxrun.com)

Fax 613 489-2712

New Student Application

2014 SEMESTERS

January/February/March

April/May/June

July/August/September

October/November/December

Academy Applicant's Name \_\_\_\_\_

Semester applied for \_\_\_\_\_

Name of parent (if under 18) and full address including postal code  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Cell number \_\_\_\_\_ Home \_\_\_\_\_

Any allergies or pertinent medical conditions \_\_\_\_\_  
\_\_\_\_\_

***I agree to participate in weekly lessons at Stratford-Fox Run and agree to the terms of the semester lesson program, and the terms of the cancellation and make-up lesson policies.***

***Signature of Parent of Academy Student or student if 18 or older:***  
\_\_\_\_\_