

EQUITOURS RESERVATION FORM



P.O. Box 807, Dubois, Wyoming 82513
 Phone: 800-545-0019 or 307-455-3363 FAX: 307-455-2354
 E-mail: info@equitours.com www.equitours.com

LAST NAME (Mr/Mrs/Ms) _____
 FIRST NAME _____
 ADDRESS _____

 CITY _____
 STATE _____ ZIP CODE _____
 COUNTRY _____
 E-MAIL _____
 HOME PHONE _____
 CELL PHONE _____
 WORK PHONE _____
 FAX _____
 RIDE NAME(S) _____
 RIDE DATE(S) _____
 AGE _____ HEIGHT _____ WEIGHT _____
 TYPE OF RIDING YOU DO:
 WESTERN ENGLISH DRESSAGE JUMPING
 RIDES EACH MONTH: TRAIL _____ LESSONS _____
 WHAT KIND OF RIDING DO YOU DO? _____

 HOW LONG HAVE YOU BEEN RIDING? _____
 HOW OFTEN DO YOU RIDE? _____

 TYPE OF HORSE PREFERRED FOR THIS RIDE: _____

PLEASE RATE YOUR RIDING ABILITY

COMPETENCE LEVELS

BEGINNER A rider who has limited experience, is unable to post the trot and does not canter.

NOVICE A rider who is capable of mounting and dismounting unassisted, capable of applying basic aids, comfortable and in control at the walk, moderate length *posting trots*, and short canters.

INTERMEDIATE A rider who has a firm seat, is confident and in control at all paces (including posting trots, two-point canters, and gallops), but does not ride regularly.

STRONG INTERMEDIATE An intermediate rider who is currently riding regularly and is comfortable in the saddle for at least 6 hours a day.

ADVANCED All of the above, plus an independent seat, soft hands, and capable of handling a spirited horse in open country.

DESCRIBE YOUR LEVEL OF FITNESS AND WEEKLY PHYSICAL ACTIVITIES: _____

ANYTHING IN PARTICULAR YOU ARE WORKING TOWARDS ON THIS HOLIDAY? _____

NAME OF TRAVEL COMPANION: _____

OCCUPANCY: SINGLE DOUBLE TWIN/SHARE

SPECIAL CONSIDERATIONS: (Dietary Restrictions, Allergies) _____

In the event of an emergency, name and phone number or fax number of person who should be contacted:

Name: _____


Phone: _____ Fax: _____

WHERE DID YOU HEAR ABOUT US? _____

YES, I would like to receive the EQUITOURS NEWSLETTER

REFUND POLICY: Deposits are not refundable. We will refund 50% of the final payment if notice is given 31 days or more before the trip begins. No refund will be given for cancellations 30 days and under. Other restrictions apply to Custom Rides. See below.*

I understand that if my statements are not true, my reservation may be subject to adjustments or cancellation. All information provided in this reservation is accurate and current. My signature to this reservation form confirms my understanding and agreement with the terms therein.

Signature  _____ Date _____
 (Signature required to confirm reservation)

PAYMENT:

- \$600** deposit per person for a ride under \$2,000
- \$800** deposit per person for a ride between \$2,000 and \$5,000
- \$1,200** deposit per person for a ride over \$5,000
- Payment in Full**
- Custom Rides:** A deposit of 50% of the cost of the ride is due at the time of booking*

We accept personal checks, money orders, Visa, MasterCard or Discover.

For your security DO NOT email your credit card information. Please call or fax it to us.

Please Indicate Method of Payment



- Personal Check Money Order VISA MasterCard Discover

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Account Number (Please double check digits)

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Expiration Date Security Code

Cardholder's Signature _____

Cardholder's Name _____

PLEASE PRINT

- Date change fee: \$100 per person, in addition to any penalties as defined by our refund policy.
- A second deposit of \$1,000 is due four months before the trip date for rides over \$3,000.

- Final payment must be received 45 days before the trip date.
- Significant currency fluctuations may affect the listed prices of the rides.

* Custom Rides: Final payment is due 45 days before the trip date and is not refundable.