



# RIDE BOTSWANA WITH DAVID FOOT SAFARIS

## RIDER QUESTIONNAIRE

CONFIDENTIAL. PLEASE COMPLETE ALL SECTIONS AND BOXES

SAFARI DATE: \_\_\_\_\_

FIRST NAME:..... LAST NAME: .....

ADDRESS.....  
.....  
TEL (H):..... TEL (M):.....

D.O.B:	AGE:	WEIGHT:	HEIGHT:
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PLEASE DETAIL ANY DISABILITY OR MEDICAL CONDITION THAT MAY AFFECT YOUR ABILITY TO RIDE WHICH WE SHOULD BE AWARE OF IN CASE OF EMERGENCY.....  
.....

MEDICAL INSURANCE COVER DETAILS - NAME AND CONTACT  
DETAILS:.....  
POLICY NUMBER:.....  
NEXT OF KIN NAME & CONTACT TEL:.....

### RIDING ABILITY & RELATED INFORMATION

I consider myself to be as a ride (please circle): NOVICE / BEGINNER / INTERMEDIATE / EXEPERIENCED

How many times have you ridden in the last 12 moths (please circle): NONE / 12 TIMES / 12 – 40 / 40+

What do you believe your riding capabilities on a horse/pony to be:

.....  
.....  
.....

Please tick:

Trot	Canter	Gallop	Hacking	Endurance	Jumping	X-Country
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Are you willing to groom/tack up your own: YES | NO

Are you able to mount/dismount unaided: YES | NO

Have you ever owned you own horse: YES | NO

Have you attended formal riding lessons: Less than 10 lessons More than 10 lessons

Have you had previous horse riding holidays, if so which countries?

.....  
.....

What type of horse do you prefer:

.....  
..... Size: .....

Tack preference:

.....  
.....

Are you celebrating a special occasion on this safari:

.....  
.....  
.....

Please list any dietary requirements:

.....  
.....

Please list all drinks preferences and approx. daily consumption:

.....  
.....

Accommodation preference if available: Twin | Double

How did you hear about us:

.....  
.....

Ride Botswana with David Foot Safaris

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