Amyv s Wish With Wings

**Rider Registration Form**

(This form is to be updated annually)

Please print clearly Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Client | | | D.O.B. | | Age |  |
| Street | | | City State/Zip | | County |  |
| Home Phorie | Cell | | Diagnosis | |  |  |
|  | | | | |  |  |
| Parent 1/Guardian | | | Address (if different) | |  |  |
| Home Phone | | Cell Phone | | Work Phone |  |  |
| Preferred Contact Method (circle one) Home phone cell call / Text | | | | | Email |  |
| Email Address | | | | |  |  |
| Parent 2/Guardian | | | Address (if different) | |  |  |
| Home Phone | | Cell Phone | | Work Phone |  |  |
| E-Mail Address | | | | |  |  |
| Additional Emergency Contact Name and Phone | | | | |  |  |
|  | | | | |  |  |
| Responsible Party | | | | |  |  |
| Preferred Invoice Delivery email | | | | | |  |

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