

HORSE RIDER BOOKING SUPPLEMENT

Please note that during the process of your booking a holiday with us, we will collect personal information from you and members of your party. We collect personal information in order to facilitate us going about our business, booking and managing your holiday for you, to supply our suppliers with the relevant information that they will need about you, and to keep a record of your travel with us. If you do not wish to provide us with your personal data, we may not be able to arrange your holiday for you. We may transfer your personal data to the suppliers of your holiday accommodation and transportation. We will not provide your information to third parties for direct marketing purposes.

You have the right to access to and correction of information held by us about you. In order to correct information, please contact our Reservations Manager at Suite 29, Smart Space 1, 402-403 Cyberport 1, 100 Cyberport Road, Pok Fu Lam, Hong Kong, during office hours.

GUEST AND HOLIDAY INFORMATION: Holiday Departure Date: Full Name: Address: Mobile Tel No: Weight Height (cm): (kg): Date of Birth: Age: Do you have any medical conditions that may affect your ability to ride, that we should be aware of in an emergency? **MEDICAL INSURANCE WHILST ABROAD:** Insurance company: Expiry Date: Policy number: Emergency assist telephone: Next of kin name: Next of kin contact number: **RIDING ABILITY AND RELATED INFORMATION:** I consider myself as a horse-rider to be a: In the last 12 months I have ridden: I believe I have the following Trot capabilities on a horse/pony: Canter Gallop Hacking **Jumping** Cross-Country

Endurance

I am willing to groom/tack up on your own?	Yes No	I am able to mount/ dismount unaided	Yes No
I have owned a horse:	Yes No	I have attended formal riding lessons:	
Have you ever been on horse-riding holidays? If so, in which countries?			
What type of horse do you prefer?			Size?
Tack preference?			
Do you have any dietry requirements?			
Accommodation preference, if available:			
Signature:			
Date:			

Other notes about my capabilities:

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