



ÉCOLE D'ÉQUITATION  
**IAN MILLAR**  
SCHOOL OF HORSEMANSHIP

## MAKEUP REQUEST FORM

*This form must be completed in order for us to schedule any makeup requests.*

Name: \_\_\_\_\_

Instructor: \_\_\_\_\_

Date of cancelled lesson: \_\_\_\_\_

I need a makeup lesson and the following days are best for me:

\_\_\_\_\_

I am available after: \_\_\_\_\_

I am **NOT** available on the following days of the week:

\_\_\_\_\_

Please provide your email address: \_\_\_\_\_

I have read and agree to the makeup policies: \_\_\_\_\_

*Initial*

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_