



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: _____