



## RIDER TERMINATION FORM

*All sections of this form must be completed to ensure accurate details are updated on the RDASA related databases.*

DATE: .....

RDASA CENTRE: .....

CLIENT'S FULL NAME: .....

DATE OF BIRTH: .....

CLIENT SUBURB: .....

### REASON FOR TERMINATION

Client moved out of area

Client deceased

Client no longer wanted to ride

Services ended due to budget/staffing constraints

Financial reasons

Other:

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.....

**Forward completed form to:**

**Riding for the Disabled Assoc SA Inc**  
215 Portrush Road, Maylands SA 5069

**Ph 08 8331 1833 Fax: 08 8331 1188**