



RIDING LESSON REGISTRATION

Student's Name: _____

Date of Birth: _____

Home Address: _____

Parents Names: _____

Home Phone: _____

Work/Cell Phone: _____

In case of emergency and a parent cannot be reached, please list two local contacts:

Name: _____ Phone: _____

Name: _____ Phone: _____

If there is any additional information you can provide that will allow us to make your child's riding experience better, please use the space provided below:
