

RIDING LESSON REGISTRATION CONTACT INFORMATION

Student Name

Date of Birth

*Student's Address - w/ Zip Code
code*

Home number w/ area

Present Grade/School

Home email address

*Emergency contact (relation)
number*

Emergency contact

*Father's name/Address w/ Zip Code
code*

Cell number w/ area

*Mother's name/Address w/ Zip Code
code*

Cell number w/ area

Please answer the following questions to help us select the best horse for you:

Height _____ *Weight* _____ *Age* _____

How many times have you gone horseback riding? _____

Did you ride by yourself or did someone lead your horse around? _____

Have you ever had riding lessons? If yes, Western or English? _____

Have you gone faster than a walk? _____ Faster than a trot? _____

Loped? _____ Saddled your own horse? _____

What is your ultimate goal? _____