

HARMONY TRAINING STABLES

RIDING LESSON REGISTRATION FORM

BILLING INFORMATION:

EMAIL ADDRESS (SPECIALS SENT VIA EMAIL) _____

RESPONSIBLE PARTY'S NAME _____

ADDRESS _____

CITY, STATE ZIP _____

HOME PHONE CELLPHONE _____

PARENT INFORMATION (fill out if rider is a minor):

FATHER'S NAME: _____ HMPHONE:; _____

ADDRESS: _____ WK PHONE: _____

CITY, STATE, ZIP _____ CELL PHONE: _____

MOTHER'S NAME: _____ HM PHONE: _____

ADDRESS: _____ WK PHONE: _____

CITY, STATE, ZIP _____ CELL PHONE: _____

EMERGENCY CONTACT:

NAME: _____ HM PHONE: _____

WK PHONE:; _____

CELL PHONE:; _____

Indicate which numbers will accept text messages by adding a *T* next to number

STUDENT INFORMATION:

NAME _____ CIRCLE ONE: M F

BIRTHDAY _____ AGE _____ GRADE _____ HEIGHT _____

RIDING LEVEL (CIRCLE ONE):

VERY BEGINNER BEGINNER INTERMEDIATE ADVANCED

LIST PREVIOUS EXPERIENCE WITH HORSES _____

LIST ANY SPECIAL NEEDS OR HEALTH PROBLEMS _____

IS THERE ANY INFORMATION THAT MAY HELP US INSTRUCT THE STUDENT? _____

WHAT DOES THE STUDENT HOPE TO GAIN FROM RIDING? _____

WOULD STUDENT LIKE TO PARTICIPATE IN HORSE SHOWS ON ONE OF OUR SCHOOL HORSES IN THE FUTURE?

DO YOU FORESEE EVER WANTING TO PURCHASE OR LEASE YOUR OWN HORSE?

