



**Riding Lessons Registration Form**

Student:

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ DOB: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**Parent/Guardian Information:**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ DOB: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

How did you learn about Shallowbrook Equestrian Center? \_\_\_\_\_

\_\_\_\_\_

Please describe your experience with horses: \_\_\_\_\_

\_\_\_\_\_

What are your goals for taking these riding lessons?: \_\_\_\_\_

\_\_\_\_\_