

# Lesson Program Application

## Student Information

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

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

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

Telephone# Day (        ) \_\_\_\_\_ Evening (        ) \_\_\_\_\_

E-Mail Address \_\_\_\_\_

If Student is under 18 years of age:

Parent or Guardian \_\_\_\_\_

Relationship to Student \_\_\_\_\_

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

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

Telephone# Home (        ) \_\_\_\_\_ Work (        ) \_\_\_\_\_

Cell (        ) \_\_\_\_\_

### Background

Years \_\_\_\_\_ Number of Lessons \_\_\_\_\_

What do you feel is your current level of riding?

Beginner \_\_\_\_\_ Intermediate \_\_\_\_\_ Advanced \_\_\_\_\_

Types of Riding \_\_\_\_\_

Locations \_\_\_\_\_

How did you hear about Harmony Horse Stables? \_\_\_\_\_

Medical Problems: \_\_\_\_\_