

Lesson Program Application

Student Information

Student's Name _____ Date of Birth _____

Address _____

City _____ State _____ Zip _____

Telephone: Home _____ Work _____ Cell _____

Email Address _____

If Student is Under 18 years of age:

Parent or Guardian _____

Relationship to Student _____

Address _____

City _____ State _____ Zip _____

Telephone: Home _____ Work _____ Cell _____

Background

How long have you been riding? _____

What do you feel is your current level of riding?

Beginner _____ Intermediate _____ Advanced _____

Style of Riding _____

Locations _____

How did you hear about Harmony Horse Stables? _____

Medical Problems _____