



Client Name: _____

Student Name(s) and Date of Birth

Billing Name and Address

Email Address _____

Phone – Home: _____

Phone – Cell: _____

Phone – Office: _____

Emergency Contact Information

Person to be contacted: _____

Phone – Home: _____

Phone – Cell: _____

Phone – Other: _____

General Information

Describe the student's experiences with horses: _____

Student's riding level? Beginner _____ **Intermediate** _____ **Advanced** _____

Signature of student or legal guardian's signature if student is under 18 years of age.