

# Lesson Program Application

## Student Information

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

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

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

Phone #s: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

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

## If Student is Under 18 years of age

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

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

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

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

Phone #s: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

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

## Background

How long have you been riding?

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

Style of riding \_\_\_\_\_

Locations \_\_\_\_\_

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

## Emergency Information

Medical problems: \_\_\_\_\_

Allergies: \_\_\_\_\_

Contact information:

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

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

Phone #s: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

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