



RIDING LESSONS REGISTRATION

Name of Child: _____ Age: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Allergies or medical conditions: _____

Parent/ Guardian Name: _____ Phone #: _____

Alternate/ Emergency Contact Name: _____

Alternate/ Emergency Contact Phone #: _____

**Please select preferred days and indicate 1st and 2nd choice.
Students will be grouped based on level.**

Mondays 4-5:30pm: _____

Tuesdays 4-5:30pm: _____

Wednesdays 4-5:30pm: _____

Thursdays 4-5:30pm: _____

Fridays 4-5:30pm: _____

Saturdays am or pm: _____

Please check your riding preference:

English Western Private

Please return this form with 50% deposit of \$135 to:

**Bonnie S. Terry
PO Box 503
Califon, NJ 07830**

NOTE: Cancellations within 24 hour advance notice may be made up.

www.justonemorefarm.net

Bonnie S. Terry • PO Box 503 Califon, New Jersey 07830 • 908.832.6706