



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: _____

NOTE: Extended hours are available for an additional fee and must be scheduled in advance.

Please check your riding preference:

English

Western

Private

Please return this form with 50% non-refundable deposit of \$150 to mailing address:

MAILING ADDRESS:

Bonnie S. Terry
PO Box 503
Califon, NJ 07830

PROGRAM LOCATION: (no mail service)

255 Rattlesnake Bridge Road
Bedminster, NJ 07921

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