

Horseback Riding Registration

Dear Andrea and Scott:

Please enroll _____ in the Horseback Riding Program.

Session (Please check one): _____ July _____ August

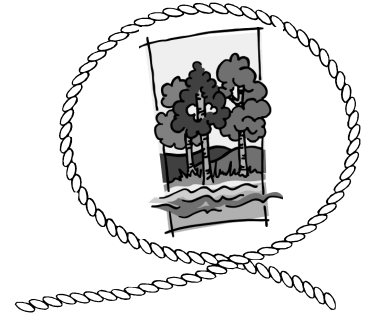
Riding Experience (please check one): _____ never _____ 1-5X _____ 5-10X _____ 11 or more

I consider my child to be (please check one): _____ novice _____ intermediate _____ advanced

Please register my child(ren) for (please check one):

_____ three classes (six hours) \$275

_____ six classes (twelve hours) \$455

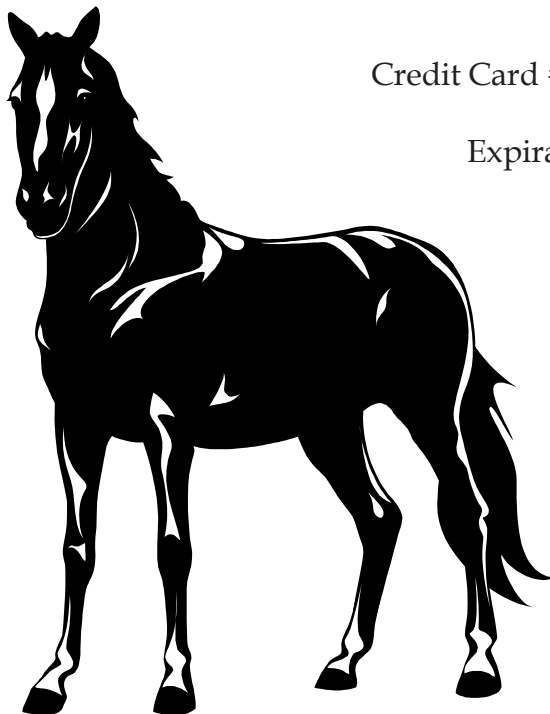


NOTE: You may enroll in additional 2 hour classes for \$100 per class.

I understand that my child may participate in the horseback riding program when full payment is received.

_____ I am paying by check with the return of this form.

_____ Please bill my credit card.



Credit Card # _____

Expiration Date _____

Signature _____