

Country Hills Equestrian Center: Student information

Student Name: _____ D.O.B _____

Parent/ Guardian: _____

Contact: email _____ home phone: _____

Cell phone: _____ is texting a preferred way of communication? Y/ N

Emergency Contact: Name _____ phone: _____

Waivers completed? _____

Health Concerns to be aware of (allergies, seizures, etc.) _____

Previous riding experience: _____

Number of Lessons desired per week/ package: _____ Circle: group / private / both

Preferred lesson days,(number preferences) and cross out if not available.

Monday pm : _____ Tuesday pm : _____ Wednesday am: _____ Thursday pm: _____

Friday am: _____ Saturday : _____

_____ Instructor to Fill out _____

Grooming level: _____ Riding Level: _____

Recommended group lesson level: _____

Recommended Group lesson day/ time: _____

Notes: