



## FALL / WINTER SEMESTER SIGN UP

Rider's Name: \_\_\_\_\_

Fall Semester Term:                      6 Month     /     Monthly

Horse Preference: \_\_\_\_\_

Parent / Guardian Contact Information:

Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

Method of Payment: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_