

SHOWTIME *farms*

New Student Information Form

Please Print Legibly

Rider Name: _____

Age (if under 18): _____

Parent Name (if under 18): _____

Email: _____

Phone: _____

Street: _____

City: _____ State: _____ Zip: _____

Anything you would like us to know pertinent to riding (i.e. fears, concerns, past experiences, special needs, or physical limitations) please list below: *(Use the other side as needed)*

For Official Use Only

Check to confirm all fields filled out _____ Paperwork Receiving Instructor Initials _____