



## Horse Back Riding Lesson Registration

### Rider Information

Name:					
Address:					
City/State/Zip:					
Telephone:		Cell		Other	
Age:		Type of lesson (circle 1)	General	Pee Wee	Seat      Therapy
Number of lessons:			Total cost:		
Lesson Schedule (Dates & Times):					

### Parent/Guardian Information

Notify/Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Work \_\_\_\_\_ Other \_\_\_\_\_

### Medical/Mental Health Concerns:

\_\_\_\_\_

\_\_\_\_\_

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

Please make checks payable to "Serenity Horse Rescue". Any questions, please contact Shula Woodworth [shr\\_info@yahoo.com](mailto:shr_info@yahoo.com) 513-379-0430.