OHIO HORSE PARK

STUDENT INFORMATION

Please print clearly, or complete the fields digitally.

01 Student information

FIRST NAME *

LAST NAME *

AGE

CITY / STATE

PHONE *

ALTERNATE PHONE

EMAIL *

Student phone and email are optional if the student is under 18.

02 Parent / guardian information

FIRST NAME *

LAST NAME *

CELL PHONE *

ALTERNATE PHONE

EMAIL *

03 Preferences & permission

☐ I am interested in volunteering at Ohio Horse Park events or shows.

☐ I give permission to contact me about scheduling updates and other important information.

* Required field, except where noted for students under 18.