

KCS Equine LLC

Subscription Application

Rider Name:

Home Address:

Email Address:

Phone Number:

Subscription options (Please Circle One)

½ Hour Lessons 1 Hour Lessons

Number of lessons (per month) \_\_\_\_\_\_\_\_\_\_\_ (4 lesson minimum)

Total $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Subscriptions will be billed at the first of each month\*

Payment Option:

\*Please note that if using a credit card additional fees may apply\*

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