



NEW STUDENT ENROLLMENT APPLICATION

Student Name: _____ DOB: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Current Height: _____ Current Weight: _____

Describe Any Prior Riding Experience: _____

I consider myself (or the student) to be a (*please check one*):

Complete Beginner / Beginner / Intermediate / Advanced Rider

How many times have you (or the student) ridden in the past year? (*please check one*)

0-10 times / 10-30 times / 30-50 times / More than 50 times

What do you believe your / the student's riding capabilities to include? Please select all that apply:

Riding on a lead / longe line Riding at the walk independently Trotting on the longe
 Trotting independently Cantering on the longe Cantering independent
 Jumping small fences Jumping large fences Performing lateral work

What are your / your student's goals for riding lessons? What do you / the student want to learn? _____

Signature _____

Date _____