



## Challenge Unlimited at Ironstone Farm

2020 Block 2: March 9 - June 20, 2020

Registration due Saturday, Feb. 22, 2020

15-week lesson block

Client name: \_\_\_\_\_ Age: \_\_\_\_\_ Phone: \_\_\_\_\_

**Current riders**, would you like to keep the same day/time you had during the previous block? Yes \_\_\_\_ No \_\_\_\_

If you are returning or are new to Ironstone, please list below your top-three preferred days/times for lessons.

**If available, I would prefer one of the following days/times for lessons:**

First choice: \_\_\_\_\_ Second: \_\_\_\_\_ Third: \_\_\_\_\_

**Advanced notice of up to three dates you will not attend lessons**

1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_

**Block 2 is  
15 Weeks**

- Group, 1 hour: \$600
- Private, ½ hour: \$750
- Semi-private, 1 hour: \$825
- Private, 1 hour: \$1,125

Please note that up to three make-up lessons are available **for pre-cancelled lessons** that you make two weeks in advance. Please email or call to schedule your make-up times as soon as the start of the block.

**Registration due Feb. 22, 2020**

*Scheduling priority will be given to those who register on time.*

**Payment: 50% of the block payment is due with initial registration. The second half of payment is due half way through the block, May 4th, 2020. Riders will be billed accordingly. If the rider is not paid in full by the due date lessons will be withheld until payment is received in full. If you choose to pay in full at the start of the block, you will receive a 5% discount for the block payment.**

*Challenge Unlimited is a nonprofit 501(c)(3) organization. A tax-deductible donation assists us in meeting program needs, providing sponsorships to eligible riders and caring for our wonderful horses.*

Payer name (third party) \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

\$ \_\_\_\_\_ Amount of lesson Check number \_\_\_\_\_

\$ \_\_\_\_\_ Amount of donation or

\$ \_\_\_\_\_ **Total amount** MasterCard Visa American Express

as it appears on card

please print and sign

Please print name \_\_\_\_\_ Signature of cardholder \_\_\_\_\_

Card number \_\_\_\_\_ Expiration date \_\_\_\_\_ Sec. Code \_\_\_\_\_

Street address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_