



Enrollment Form Apex Riding Academy



Lesson Student _____ **Birth Date** _____

Parent/Guardian Name: _____

Address _____ **City** _____ **St.** _____ **Zip** _____

Phone # _____ **Work #** _____

****** Email Address** _____

(Please Print Clearly)

Health Insurance Company Name _____

Company Phone # _____ **Policy #** _____

Level Of Experience: (circle one) Never Before Walk Trot Canter Show

(circle one) Novice Intermediate Advance

X _____ **Date** _____
Parent/guardian Signature (if under 18 years of age)

OR

X _____ **Date** _____
Signature

How did you hear about our program? What Site on Internet? Google, Our Site, Facebook
