



Quick Start Intensive Riding Program Application Form

Rider Name: _____ Age: _____

Number and Street: _____

City: _____ Postal Code: _____

Home Phone: _____

Mother's Cell Phone: _____ Father's Cell Phone: _____

Emergency Contact Number: _____

Email Contact: _____

Please note: Registration for the program cannot be completed without a registration form, waiver, and payment.

Session	Dates	Check here:
Spring	April 13, 20, 27, May 4, 11, 25, June 1, 8	
Summer	July 7, 9, 14, 16, 21, 23, 28, 30	

Please select your payment method:

- Pay in full (\$895.00 total)
- Pay in two monthly instalments (\$460.00/month = \$920.00 total)

Payment can be made by cash, cheque, credit card (please note there's a 3% service charge on all credit payments), or e-transfer to pat@harrogatehills.com.

Are there any circumstances that the instructor should be aware of? (Family situations, required medications, previous experience, etc.)

Name of Parent/Guardian (please print): _____

Signature of Parent/Guardian: _____

Date: _____