



Welcome to Justin' Time Riding Team. Before starting your lesson please fill out the information below to help define you riding program.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_  
(including city and zip code)

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

School: \_\_\_\_\_ Allergies: \_\_\_\_\_

Birthday: \_\_\_\_\_ Favorite Color: \_\_\_\_\_

Right Handed or Left Handed: \_\_\_\_\_ Right \_\_\_\_\_ Left

Do you wear : \_\_\_\_\_ Glasses \_\_\_\_\_ Contacts

Guardian: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_

Cellular Phone Number: \_\_\_\_\_ Pager Number: \_\_\_\_\_

Guardian: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_

Cellular Phone Number: \_\_\_\_\_ Pager Number: \_\_\_\_\_

Other Hobbies: \_\_\_\_\_

Other Group Activities: \_\_\_\_\_

Horseback Riding Experience: \_\_\_\_\_

Goals You Would Like to Achieve: \_\_\_\_\_

Interest in Clinics (½ day):

- |  |   |
|--|---|
| <input type="checkbox"/> Horse Grooming        | <input type="checkbox"/> Horse Breeds                   |
| <input type="checkbox"/> Stall Management      | <input type="checkbox"/> Tack equipment and maintenance |
| <input type="checkbox"/> Feeding and Nutrition | <input type="checkbox"/> Leg Bracing and Wrapping       |
| <input type="checkbox"/> Health Care           | <input type="checkbox"/> Show Braiding                  |
| <input type="checkbox"/> Horse Crafts          | <input type="checkbox"/> Land Management                |

Interested in Group Field Trips? \_\_\_\_\_ yes \_\_\_\_\_ no

