

VICTORY STABLES

2009 Summer Horsemanship Program

Rider Information and Registration Form

Child's Name: _____

Address: _____

Home Phone Number: _____

Birthdate: _____

Parents Name(s): _____

Emergency Information

1. Name: _____

Phone Number: _____

Relationship to Child: _____

2. Name: _____

Phone Number: _____

Relationship to Child: _____

Allergies or Health Conditions that we should be aware of: _____

Number of weeks enrolled: _____

Please circle week(s) that child will be attending:

June 22 • June 29 • July 6 • July 13 • July 20 • July 27 • August 10 • August 17

Additional hours required: _____

Please circle when the additional time is required: AM PM

Program Hours are 9am-3pm daily (After-hour care by special arrangement in advance.)

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