



EQUESTRIAN PROGRAM

INDIVIDUAL OR MAKE-UP LESSON REQUEST FORM

Questions? Call (435) 649-3991 Ext 617

Please fill out the following form including your three choices for day/time. Payment is required for the lesson to be scheduled.

Today's Date: _____	Participant's Name: _____
Age: _____ Weight _____ Height _____	Gender ___M___F
Email: _____	Phone: _____
Emergency Contact: _____	Phone: _____

1st Choice:

Date: _____

Day: Monday	Tuesday	Wednesday	Time: _____	am	pm
Thursday	Friday	Saturday			

2nd Choice:

Date: _____

Day: Monday	Tuesday	Wednesday	Time: _____	am	pm
Thursday	Friday	Saturday			

3rd Choice:

Date: _____

Day: Monday	Tuesday	Wednesday	Time: _____	am	pm
Thursday	Friday	Saturday			

Please include any pertinent information that may help us in planning for you lesson.

Make-up lessons; please include date and time of lesson you are making up for and the reason you missed that lesson.

Date: _____

Reason: _____

For office use only:		
_____ Current Membership	_____ Participant Forms Rec'd	_____ Registration Confirmed
_____ Payment Processed	Notes: _____	