



Riding Lesson Registration Form

Date: _____

Student Information

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____ Email: _____

Date of Birth: _____

Parent / Guardian Information

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____ Email: _____

How did you learn about Hidden Acres Rescue for Thoroughbreds?

Please describe your experience with horses.

What are your goals for taking riding lessons?

Save the filled out form to your computer, then click the button below to email to HART