

Briggs Stable
Summer Horsemanship Course

Please choose a session: ___ July 16-20 ___ August 13-17

Rider Name: _____ Age: _____

Parent/Legal Guardian: _____

Address: _____

Town: _____ Zip: _____

Email: _____

Phone: _____ (please use a # that you can be reached at during the summer course hours)

Emergency contact: _____

Emergency Phone: _____

Does your child have any allergies or special needs that we should be aware of? If yes, please describe: _____

Please describe your child's riding experience:

___ walk/trot on a lead ___ walk/trot independently

___ walk/trot/canter independently

If your child rides at Briggs Stable, with which instructor?

Office use only:

Deposit \$ _____ by cash/check/credit card Date _____

Balance \$ _____ by cash/check/credit card Date _____