

Healing Hope Farm Lesson Application

Name: _____

Address: _____

Phone Number: _____

Email: _____

Date of Birth: _____

Height: _____ Weight: _____

School Grade: _____

Health Insurance: _____

Policy Number: _____

Mother's Name: _____

Father's Name: _____

Allergies/Special Needs/Other Information:

Emergency Information:

1. Name/Relationship/Work/Cell:

2. Name/Relationship/Work/Cell:

3. Name/Relationship/Work/Cell:

What are your riding goals?

**Please list your riding experience:
Where?**

How Long?

Type of Riding?

How did you hear about Healing Hope Farm?

**Please fill out available riding times – this will help
in determining class time and scheduling makeup
lessons.**

Days	Time available to Start	Latest time available	Notes
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			