



Heroes on Horseback

CONTINUING REGISTRATION FORM

Winter 2012

Please Note That All Paperwork Must Be Received By January 10, 2012

Participant Name: _____

Lesson DAY / Time: _____

Indicate changes below:

E-Mail Address:	Home Phone:	Mobile Phone:
Address:	City:	State / Zip:
Emergency Contact::	Phone:	Phone:
Medical Conditions & Medications:		
Other :		
<input type="checkbox"/> There are no known changes to the participant's medical conditions, medications or contact information.		
Please reserve my space in the Winter 2012. My \$25 Deposit is included. SIGNATURE/ DATE:		