

**AOA Equestrian Center
Student Lesson Registration**



Name _____
Address _____
City, State, Zip _____
Home Phone _____
Parent Name _____
Work Phone _____
Cell Phone _____
Email _____
Birth date (if under 18) _____

I would like to sign up for riding lessons for the following quarter:

_____ Fall _____ Winter _____ Spring _____ Summer

Enclosed is my payment in the amount of _____ to pay for the quarter as indicated. Students will be allowed as many make-ups as can be scheduled.

Parent/Guardian Signature _____
Parent /Guardian (Print Name) _____

_____ Beginner _____ Novice _____ Intermediate _____ Advanced

Instructor _____

Ideal Time/day preference _____

Second choice _____

We will contact you to discuss scheduling options and confirm lesson times.

We ask that you check below if your child has special needs that we may need to address while teaching. Every student learns differently, and it is our goal to ensure that we teach so that every student develops self-confidence and a sense of achievement.

_____ My child has special needs that I will need to discuss with the Instructor.

_____ Help us be eco-friendly and get your forms faster! Please check here if you would like to receive your future registration forms and equestrian center news via email. The email address specified above will be used or you may provide an alternate email. _____