

AOA Equestrian Center
New Student Lesson Registration
(This form to be used for new students only.)



Name _____
Address _____
City, State, Zip _____
Home Phone _____
Parent Name _____
Work Phone _____
Cell Phone _____
Email _____

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.