



TRINITY RIVER FARM & EQUESTRIAN CENTER STUDENT APPLICATION

Student's Name _____ Date _____

Address _____
Street City State Zip

Phone _____ E-mail Address _____

Please Complete Section Below for Minors:

Name(s) of Parent or Legal Guardian _____

Father's Name _____ Mother's Name _____

Home Phone _____ Home Phone _____

Work Phone _____ Work _____

Cell Phone _____ Cell Phone _____

E-mail _____ E-mail _____

Who should we contact in the event of an emergency? Relationship _____

Name _____ Phone _____

RIDING EXPERIENCE

Please check which best describes the student's riding experience level:

_____ First time rider with little or no experience or training.

_____ Beginner: 6 months or less of riding experience with some training.

_____ Moderate: Between one and two years of riding experience and training.

_____ Intermediate: Three to five years of riding experience with showing and training.

_____ Advanced: Five or more years of riding experience showing and training.

Please check your type of riding experience:

___ English ___ Western ___ Dressage ___ Hunter/Jumper ___ Eventing Other _____

Do you own your own horse? ___ Yes ___ No

Does the student have the appropriate attire in order to begin lessons now? ___ Yes ___ No

Please tell us about the student's riding goals: _____

Please tell us days and times you are available for lessons? _____

Signature

Print Name

For: (Please Check)

___ Self

___ Child/Minor