



647 Old Garden River Rd Sault Ste. Marie, ON P6A 0C9

ssmhpc.register@gmail.com

(705)987-5551

Lesson Program 2019/2020

Rider Information:

Rider's Name: _____

Address: _____

City: _____

Postal Code: _____

Phone: _____

Email: _____

Date of Birth _____

Does rider have any medical/behavioral/learning conditions that we should be aware of?

NO _____ YES (please provide details)

Parent/Guardian: _____

Contact phone number: _____

Rider Ability:

TROT No _____ Somewhat _____ Yes _____

CANTER No _____ Somewhat _____ Yes _____

JUMP No _____ Somewhat _____ Yes _____

ADULT Beginner _____ Advanced _____

Summer Camp _____

Lesson availability:

Please rank the following (1-First choice 2-Second choice etc)

Monday ____ Tuesday ____ Wednesday ____ Thursday ____ Friday ____
Saturday ____ Sunday ____

What day(s) are you NOT available?

S ____ S ____ M ____ T ____ W ____ T ____ F ____

Instructor Preference: _____

Cancellation Policy:

Registration, Membership and Activity fees are NON-REFUNDABLE

Any lessons cancelled by the club (ex: Inclement weather) will be rescheduled.

INITIALS _____

For Office Use Only

Payment:

Amount _____ CASH _____ ETRANSFER _____ PASSWORD _____

CHEQUE _____ Chq # _____

Name on Cheque _____