

Horse Practicum Registration

Semester (circle): Fall Spring Year: _____

Rider Information:

Rider Name (First & Last): _____

Local Address: _____

Home Address: _____

Email: _____ Phone: _____

Semester Standing if applicable (Fresh, Soph, etc.): _____

Lesson Information:

Previous Riding Experience: _____

First Choice (please circle)

Program choices: Hunt seat Dressage Western Polo Trail Drill Team

Lesson Day, Time, and Level: _____

Second Choice (To be used if first choice lesson is full-please circle)

Program choices: Hunt seat Dressage Western Polo Trail Drill Team

Lesson Day, Time, and Level: _____

Payment Information:

Type of Payment (mark with 'X'):

Cash: _____ Check: _____ (check # _____)

Credit Card: _____ (please circle) MasterCard Visa Discover American Express

Name on Credit Card: _____

Amount Paid: \$ _____

Emergency Contact Information:

1. (Contact First) Name: _____ Relationship: _____

Phone: _____ Alt. #: _____

2. (Contact Second) Name: _____ Relationship: _____

Phone: _____ Alt. #: _____

Additional information you would want Emergency Medical Personnel to know:

In case of emergency, the ambulance will take you to the nearest or first available hospital, in most cases this is Windham Hospital in Willimantic, CT. If it is possible, do you have an alternative hospital preference?

I acknowledge that I have read and signed the required Acknowledgement/Consent form, have read and agree to abide by the UConn Barn Rules and Biosafety Practices documents and understand that NO REFUNDS are provided.

Signature: _____