



Adult Lesson Student Information Form

Date of First Lesson _____

First Name _____ Middle _____ Last Name _____

Address _____

City _____ State _____ Zip _____

Email _____

Phone (____) _____ - _____ Cell (____) _____ - _____

Work (____) _____ - _____ Other (____) _____ - _____

Age _____ Date of Birth ____ - ____ - ____ Social Security Number _____

Name of Husband _____ Work Phone _____

Cell Phone _____ Other Phone _____

Name of Wife _____ Work Phone _____

Cell Phone _____ Other Phone _____

Any Disabilities? YES NO If Yes, explain:

Any Problems? YES NO If Yes, explain:

Any Prior Riding Experience? YES NO If Yes, explain: _____

Emergency Contact Name _____ Numbers _____