



2015-2016 SCHOOL YEAR LESSON PACKAGE REGISTRATION FORM

Rider Name: _____ **Date of Birth:** ____/____/____
Last First MI MM DD YYYY

Address: _____
Street City Zip

Mobile: (____) _____ **Home:** (____) _____ **Work:** (____) _____

Provider: AT&T Sprint T-mobile Verizon **Email:** _____

Please PRINT Clearly!

Payment and Lesson Make-up Terms:

- I agree to pay two months' payments today to be applied toward the first month (Sept.) and last month (June) tuition.
- I understand that in order to receive the school year discount I must complete a separate Monthly Credit/Debit Card Authorization Form to automatically deduct payments which are payable on the first day of the following months: Oct, Nov, Dec, Jan, Feb, Mar, Apr and May.
- I agree that in the event my child advances to the point of needing a longer lesson, I will pay the increase in the monthly charge. This decision will be made with full consultation from my child's trainer.
- I understand that makeup classes can be only scheduled if I provide 24 hours notice of cancellation. If I provide less than 24 hour notice for any reason I will not be allowed to make up the lesson.
- I understand that make-up classes must be scheduled within 30 days of a missed class or I will not be able to make up the lesson.
- I understand that I am limited to five make-up classes during the 10 month package.
- I understand that all other terms and conditions outlined in the Lesson Policy and Agreement apply.

Lesson Package Selection: Please check length of lesson desired

- | | | |
|--|--|---|
| <input type="checkbox"/> <u>30 minute - \$200/month</u>
Walk,Walk/Trot ONLY
10 months (40 lessons)
<i>Sept-Jun \$200/month (4 lessons)</i> | <input type="checkbox"/> <u>45 minute - \$260/month</u>
Walk/Trot, Walk/Trot/pre-Canter
10 months (40 lessons)
<i>Sept-Jun \$260/month (4 lessons)</i> | <input type="checkbox"/> <u>60 minute - \$320/month</u>
Walk/Trot/Canter, Jump
10 months (40 lessons)
<i>Sept-Jun \$320/month (4 lessons)</i> |
|--|--|---|

I agree to these payment & makeup terms which are good through June 2016.

(Signature Required) _____

I give permission for my child to participate in the Horseback Riding Lesson Package specified above. I understand that my child must have an ATSM riding helmet, riding boots, and a pair of full length pants/breeches in order to participate. I have completed and signed a separate Lesson Policy and Agreement as well as a separate Riding Agreement that describes the possibility of serious injury which may result from my child's participation in this program and that Greenlawn Equestrian Center does not guarantee my child's safety.

Parent Signature

Date

For Office Use ONLY

Lesson Day: _____ Time: _____ Instructor: _____ Two month Deposit : \$ _____