


PORTUGUESE BEND
RIDING CLUB

Student Name _____ age _____

Date of Birth _____ Height _____ Weight _____ (This is so that we may choose the right sized horse for the rider.)

Address _____

City _____ State _____ Zip code _____

Name of Parent or Guardian _____

Address _____ City _____

State _____ Zip code _____ Phone number (____) _____

Email address _____

List any allergies that the student has:

Please briefly describe the child's level of riding or any prior experience with horse riding lessons:

Select which week you would like to attend:

- July 20th – 24th
- July 27th – 31st
- August 10th – 14th

To reserve your spot in the Summer Horsemanship Classes, please print and fill out this application entirely and mail it, with a \$100 deposit, to:

40 Narcissa Drive
Rancho Palos Verdes, CA 90275

Checks should be made payable to Olivia Lee.

Due to these lessons being designed for groups, each week must have a minimum number of four students. If we do not reach that minimum during the week you've selected, you will be asked if you are able to reschedule to a different week.

- I understand that the \$100 deposit is nonrefundable.
- I agree to pay the remaining \$255 on the first day of the week of classes that I have selected.

Signature of parent or guardian

Date