

HORSE CRAZY APPLICATION

Name _____ Age _____ Grade _____

Parents Name _____

Address _____

Phone _____ Email _____

Instructor picked _____

We need help finding an instructor _____

We request boots _____ We request a Helmet _____

Tell us about how you would benefit from riding lessons

What are some reasons you would like to learn to ride

Would you like to visit a WSQHA Horse Show _____

Would you like to participate in our pee wee program _____