

ROLLING HILLS STABLES LIMITED

2012 RIDING SCHOOL REGISTRATION FORM

To register you must fully complete this form as well as make payment at the time of registration.

Name:		Date:	
Mailing Address:	City:	Province:	Postal Code:
Parent/ Guardian or Contact person name:	Parent/ Guardian or Contact person name:		
Home Phone:	Home Phone:		
Work Phone:	Work Phone:		
Cell phone:	Cell phone:		
Email:	Email:		

Payment

Cash Cheque