



Horizons East Registration Information/Fee

Student's Name: _____ Age: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Student's Email: _____ Student's Cell: _____

Mother's Name: _____

Mother's Email: _____ Mother's Cell: _____

Father's Name: _____

Father's Email: _____ Father's Cell: _____

Emergency Contact: _____ Number: _____

Allergies/Medical Conditions:

RX present if Needed? _____

I have read and signed the Facility release form & Barn Policies.

Student or Parent Signature Date

Registration Paid \$25 per student/\$50 per family____ Check # ____ /Cash / Credit