

EQUESTRIAN PROGRAM REGISTRATION

Gina Hall Clinic—Sunday, March 25, 2012

Melwood Recreation Center
9035 Ironsides Road, Nanjemoy, Maryland 20662
Phone 301-870-3226 • Fax 301-870-2620
recreation@melwood.org

I. RIDER INFORMATION

Name of Rider _____ Name of Horse: _____

Rider's Date of Birth _____ Horse's Height: _____

Mailing Address _____
(city, state, zip code)

Best Method of Contact for Same-Day Cancellations:

Phone: _____ E-Mail: _____

II. LEGAL GUARDIAN INFORMATION (if applicable)

Legal Guardian _____ Day Phone _____

Address _____ County _____

Night Phone _____ Cell Phone _____ E-mail _____

III. Emergency Contact –Must be completed by ALL PARTICIPANTS

Please note: You MUST provide two emergency contacts. If Rider is under 18, these Contacts must be available to pick up rider in case of an emergency.

1. Name _____ Day Phone _____

Night Phone _____ Cell Phone _____ E-mail _____

2. Name _____ Day Phone _____

Night Phone _____ Cell Phone _____ E-mail _____

IV. Program Information—Please check the class(s) you are registering for!

____ Walk/Trot on the Flat \$40

Melwood is proud to be an inclusive program for riders of varying ability levels. Please check if additional support is needed:

Leader ____ Yes ____ No

Sidewalker(s) needed? ____ Yes ____ No

If yes, please circle: 1 or 2

____ Walk/Trot/Canter on the Flat \$40

____ 18" Over Fences \$50

____ 2'-2'3" Over Fences* \$50

*Rider must be able to Canter

____ 2'6" and Higher Over Fences* \$50

*Rider must be able to Canter

____ Audit—includes lunch and Question & Answer Session \$20

____ MELWOOD RIDERS ONLY: Horse Lease Fee \$12 additional Horse Preference: _____

____ Additional Lunches If yes, how many _____ @ \$7 each = _____

VII. METHOD OF PAYMENT

Payment is due at time of registration.

Make checks or money orders payable to: Melwood Recreation Center.

☐ Credit Card ☐ Check/Money Order Enclosed ☐ Financial Aid*

Card Number

Exp. Date

Signature _____ Date _____

Please print name as it appears on the card Funding Agency (if applicable)

OFFICE USE ONLY

Date Received: _____

Check No: _____

Registration: _____