

Dressage 101 Participant Application

Student Name: _____ Age: _____

Parent/Guardian Name: _____

Address: _____ City: _____

Zip: _____ Home Phone #: _____

Instructor: _____ #years riding at IF: _____

Own or use school horse: _____ Mount: _____

Please use this space to list your riding experience and discipline:

Please use this space to list your goals as they pertain to dressage:

Cost: \$40.00 for first session of four classes to be paid at the first class. This class is designed for the dressage rider of any level and the youth group is suggested for but not limited to students ages 12 and over.

Dressage 101 Youth group meets the second and fourth Sunday of the month from 3:00-5:00 beginning February 24th. This will change to a weekday after school is out or the class may decide to meet different days during school vacations or when showing starts. We are only taking 10 participants. Dressage 101 Adult group meeting time will be determined by the group.

Students should come to class prepared with a 1" 3-ring binder and pencils. For some classes a simple calculator will be required.

I understand the cost of 40.00 for first session of four classes is to be paid at the first class.

Parent Signature: _____ Date: _____

Student/Applicant Signature: _____ Date: _____

Adults: provide notes about ideal times for class: _____
