

RIDER RE-REGISTRATON FORM

Session 1: April 12th – May 17th
Registration Due: March 29th
Session 2: May 24th – June 28th
Registration Due: May 10th
Session 3 – August 9th – September 13th
Registration Due: July 26th
Session 4 – September 20th – October 25th
Registration Due: September 6th
Session 5 – Novemeber 1st – December 6th
Registration Due: October 18th



Rattle Run Farms

7103 Gratiot Road
St Clair, MI 48079

Ph. 810-367-6471

Fax.810-367-6498

www.rattlerunfarms.com

Email. rattlerunfarms@gmail.com

Date: _____

Student Name: _____

Email Address: _____ Phone: _____

Parent/Guardian: _____

- I hereby re-register _____ for the Rattle Run farms. 6-week Riding Lesson Program for **Session #** _____. I have reviewed all information formally provided to Rattle Run Farms and confirm that this information is still current and accurate. There have been no health changes preventing this rider from participating in the 6-week program.

PLEASE MARK YOUR CHOICE OF RIDING TIMES IN ORDER OF PREFERENCE BY WRITING 1ST, 2ND, 3RD, IN THE SPACE TO THE RIGHT OF THE TIME. PLEASE REMEMBER THERE ARE NO GUARANTEES THAT YOUR CHOICES WILL BE AVAI LABLE.

Monday	Tuesday	Wednesday	Thursday	Friday
AM	AM	AM	AM	Limited
PM	PM	PM	PM	Availability

WARNING: Under the Michigan Equine Activity Liability Act, an equine professional is not liable for an injury to or death of a participant in an equine activity resulting from an inherent risk of the equine activity.

Signature of Parent/Guardian:

Date

Please return completed form to Rattle Run Farms.

Fees: 6-week program - \$150.00

Please make checks payable to: RATTLE RUN FARMS

Lessons Fees must be paid in full at the first lesson.

*****For Office Use Only *****

Rattle Run Farms, LLC.

Re-Registration Form

Amount Paid: _____ Cash _____ Check # _____

Date: _____ Receipt Needed: Yes: _____ No: _____