

**Grandview Farms Equestrian Center
Student Information Sheet**

Name: _____

Parents' names (if a minor): _____

Address: _____
Street city state zip code

Phone number: _____
Home cell

Email address: _____

In case of Emergency Contact:

Name: _____

Relation: _____

Phone: _____

Family Physician: _____

Phone: _____

Do you have previous riding experience? Yes No

If so what type of Experience: _____

How did you find us? _____