

REGISTRATION FORM

5-week Session Registration

NAME (last) _____ (first) _____ BIRTHDAY _____

ADDRESS _____ CITY _____ ZIP _____

PARENT OR LEGAL GUARDIAN _____

HOME PHONE # _____ WORK PHONE # _____

EMAIL _____

EMERGENCY CONTACT _____ PHONE # _____

NAME OF PERSON(S) ALLOWED TO PICK-UP CHILD:

_____ DRIVERS LICENSE # _____

_____ DRIVERS LICENSE # _____

Below, please choose your 1st choice and 2nd choice of 5-week session to attend. In the event your 1st choice is full, we will place you in your 2nd choice. Use the "session schedule" on the web site (www.capricornhorse.com) to determine the 5-week session dates.

5-WEEK SESSION Fee is \$120 per session. Payment must be received in full to ensure reservation.

First Choice	Second Choice
Session Desired:	Session Desired:
Class Time:	Class Time:

Amount Enclosed: \$ _____ Check: Money Order: Credit Card:

Signature: _____ Date: _____

If paying by Credit Card select one: Visa: MasterCard: Discover: American Express:

Name: _____ Card # _____ Exp Date: _____

Amount to be charged: \$ _____ Signature: _____

*Mail form and tuition payment (check or money order made out to Capricorn Equestrian) to:
Capricorn Equestrian, 6101 Ben Road, Sachse, TX 75048*