

HOPE RIDES
CLINIC REGISTRATION FORM

Name(s) _____

Address _____

Contact Information:

Phone _____
Alt Phone _____
Email _____
Emergency Contact: _____
Emergency Contact Phone: _____

Please indicate to the best of your ability how you classify your horsemanship level
Please check box that best describes your current skill level:

- Beginner
 Intermediate
 Advanced

Send registration information to:
Hope Rides 12801 Do Little Drive Minnetonka MN 55305
Telephone: 612.310.6350 Email: info@hoperides.org

Required Forms include:

1. Clinic Registration.
2. Waiver Form.
3. Medical Release Form
4. Copy of a negative coggins test, 12 months from event date.
5. Payment in full.

eHorseHotline.com



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