



BACK #

RIDER'S NAME: _____ Age if Tot:

HORSE'S NAME: _____
(SAME NAME AS ON COGGINS)

CLASS #'s:

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 Total # of Classes _____

Mailing Address: _____ Class Fee - \$10.00 _____

City: _____ State: _____ Zip: _____

Grounds Fee - \$10.00 _____

Email address: _____

TOTAL:

For Office Use Only:

_____ Cash _____ Check _____ Credit Card
Check # _____

Volunteer Initials: _____

WARNING under Kentucky Law, a farm animal activity sponsor, farm animal professional or other person does not have the duty to eliminate all risks of injury of participation in farm animal activities. There are inherent risks of injury that you voluntarily accept if you participate in farm animal activities. KRS 247.4027

Participant or Legal Guardian: _____ Date: _____