

SPECIAL NEEDS CUSTOMER APPLICATION

CHILDS NAME: _____ DOB _____

PARENTS NAME: _____

ADDRESS: _____

PHONE (H) _____ (C) _____

EMAIL: _____

EXPERIENCE WITH HORSES: _____

WHAT IS THE CHILD'S PHYSICAL OR MENTAL CONDITION? _____

PLEASE LIST 3 PERSONAL REFERENCES:

NAME

PHONE # (CURRENT)

1) _____

2) _____

3) _____

If approved by the manager, I understand that my child is entitled to 5 free (1/2 hour) lessons. The Frisco Horse Park riding instructor will give the lessons. I fully understand that the instructor is not a certified special needs instructor, but has experience working with special needs children. I also understand that I am to stay at Frisco Horse Park with my child during the entire lesson.

Signature

Date