

# Lantern Lane Farm Student Information Form

## Student Information

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_ Alt Phone \_\_\_\_\_

Email \_\_\_\_\_

## Parent / Emergency Contact Information

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Cell Phone \_\_\_\_\_ Alt Phone \_\_\_\_\_

Email \_\_\_\_\_

## Student Age Group: Check left of group

	<b>Pre-school</b>		<b>Elementary</b>		<b>Middle School</b>		<b>High School</b>		<b>Adult</b>
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## Horseback Riding Availability: Enter AM (9 - 12) or PM lesson time (1-7)

<b>Tuesday</b>	
<b>Thursday</b>	
<b>Friday</b>	
<b>Saturday</b>	
<b>Sunday</b>	

## Equestrian Interests: Check left all that apply

<input type="checkbox"/>	English	<input type="checkbox"/>	Western
<input type="checkbox"/>	Natural Horsemanship	<input type="checkbox"/>	Basic Jumping
<input type="checkbox"/>	Unmounted Lesson	<input type="checkbox"/>	Horseback Camp
<input type="checkbox"/>	Horse Care	<input type="checkbox"/>	Birthday Ride
<input type="checkbox"/>	Pony Ride	<input type="checkbox"/>	Practice Ride
<input type="checkbox"/>	Gift Certificate	<input type="checkbox"/>	Other: Let's talk

## Riding Experience: Check left all that apply

<input type="checkbox"/>	Beginner - Little or no experience	<input type="checkbox"/>	Able to tack and groom
<input type="checkbox"/>	Can steer and maintain balance	<input type="checkbox"/>	Dressage Skills
<input type="checkbox"/>	Can steer and trot off lunge line	<input type="checkbox"/>	Basic Jumping
<input type="checkbox"/>	Able to trot	<input type="checkbox"/>	Trail Ride – Able to ride with another
<input type="checkbox"/>	Able to canter	<input type="checkbox"/>	Western Skills

## Goals

Short Term: Something you would like help with right away and expect results in 4 to 6 weeks.

1<sup>st</sup> Year: What would like to accomplish at the end of the first year.

Long Term: Ultimate accomplishment – Big picture accomplishment.