



RIDER INFORMATION SHEET

NAME OF RIDER: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

BIRTHDAY: (if minor) _____

PARENTS NAME: (if minor) _____

PHONE NUMBERS: (Please list all numbers in case of an emergency)

HOME: _____ E-MAIL: _____

WORK: _____ CELL: _____

OTHER NUMBER: _____

LEVEL OF RIDING ABILITY: (circle one) Beginner / Intermediate / Advanced

___ I **agree** to wear a riding helmet ***every time*** I ride.

___ I **agree** I will ***not*** wear a riding helmet every time I ride.

- It is the responsibility of the rider to attain helmet and secure tightly. Helmets are provided by Desert Palms Riding Instruction LLC, but can be purchased for personal use.

Thank You-
Desert Palms Riding Instruction LLC