



After School Program Application

Name: _____

DOB: _____

Phone Number: _____

Address: _____

Tell us why you are a good choice for our After School Program:

Tell us about your Riding Experience:

What are you very good at?

What else would you like us to know about you?

Signature: _____

Date: _____

Parents: By signing below you declare to understand your child's commitment to our program's required minimums of 6 participation days per month and 2 paid teen lessons per month with any LSF instructor.

Parents Signature: _____

Parent Contact info including email:

Please email your application and a letter of recommendation from your parent/guardian to info@longshotfarm.net or drop it off at Red Rock/LSF.