

Rainbow's End Riding Academy
Membership Application

Name: _____

Mailing Address: _____

Phone Number: Work: _____ Home: _____

Email address: _____ Age: _____ Date of Birth: _____

Do you have any experience in horseback riding? If so, please describe thoroughly.

Do you have any certain riding goals you would like to achieve within the first year of riding here? If so, please describe. _____

How did you hear about our facility? Newspaper advertisement Brochure
 Friend School field trip Other