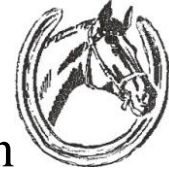




Jamaica Bay Pony Club Application



Child's Name: _____

Parent's Name: _____

Parents Active E-mail address: _____

Address: _____

Home Phone #: _____ Cell Phone #: _____

Birth date: Month/Day/Year _____/_____/_____

Instructor's name: _____

Child's Horse Experience: _____

Are you willing to volunteer your time to the Pony Club? Yes ___ No___

If yes, to what extent? (Time, Snacks etc.) _____

Does your child have any special needs we should know about? Yes _____ No___

If yes, please explain what I can do to help. _____
