



Challenge Unlimited at Ironstone Farm
 2017 Spring Lesson Block: April 24 to June 24, 2017
Registration due Saturday, April 8, 2017
9-week lesson block

Client name: _____ Age: _____ Phone: _____

Current riders, would you like to keep the same day/time you had during the previous block? Yes ___ No ___

If you are returning or are new to Ironstone, please list below your top-three preferred days/times for lessons.

If available, I would prefer one of the following days/times for lessons:

First choice: _____ Second _____ Third _____

Advanced notice of up to two dates you will not attend lessons (only one pre-cancel date for Friday Night Fun)

1) _____ 2) _____

| | | |
|--------------------------------|--------------------------------|--------------------------|
| Spring Lesson Block is 9 weeks | Friday Night Fun, group: \$160 | <input type="checkbox"/> |
| | Group, 1 hour: \$360 | <input type="checkbox"/> |
| | Private, ½ hour: \$450 | <input type="checkbox"/> |
| | Semi-private, 1 hour: \$472 | <input type="checkbox"/> |
| | Private, 1 hour: \$652 | <input type="checkbox"/> |

Please note that up to two make-up lessons are available **only for pre-cancelled lessons** that you list here. Cancelled lessons not listed here are not eligible for make-up lessons. Please call to schedule your make-up times as soon as the start of the block. Pre-cancels also can be given **in writing until April 24.**

Registrations due April 8, 2017.
 Your current riding time can be held until that date. Then, it will be offered to others interested.

Scheduling priority will be given to those who register on time.

NOTE: 8-week block for Saturday riders, no lessons May 6, 2017.

Choose: 2 tickets to Derby barbecue Pro-rated fee

Challenge Unlimited is a nonprofit 501(c)(3) organization. A tax-deductible donation assists us in meeting program needs, providing sponsorships to eligible riders and caring for our wonderful horses.

Payer name (third party) _____ Phone _____ Email _____

\$ _____ Amount of lesson Check number _____

\$ _____ Amount of donation or

\$ _____ **Total amount** MasterCard Visa American Express

Please print name _____ **Signature of cardholder** _____
 as it appears on card please print and sign or call the office with your information

Card number _____ **Expiration date** _____ **Sec. code** _____

Street address _____ **City** _____ **State** _____ **Zip code** _____