



**Challenge Unlimited at Ironstone Farm**  
**2017 Summer Lesson Block: June, 26 to Aug. 19, 2017**  
**Registration due Saturday, June 10, 2017**  
**8-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) \_\_\_\_\_

Summer Lesson Block is 8 weeks	Friday Night Fun, group: \$160	<input type="checkbox"/>
	Group, 1 hour: \$320	<input type="checkbox"/>
	Private, ½ hour: \$400	<input type="checkbox"/>
	Semi-private, 1 hour: \$420	<input type="checkbox"/>
	Private, 1 hour: \$580	<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 June 24.**

**Registrations due June 10, 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.*

*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

Card number \_\_\_\_\_ Expiration date \_\_\_\_\_ Sec. code \_\_\_\_\_

Street address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_