



## Challenge Unlimited at Ironstone Farm

### 2017 Fall Lesson Block: Oct. 30 to Dec. 23, 2017

### Registration due Saturday, Oct. 14, 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) \_\_\_\_\_

Fall 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 Oct.28.**

**Registrations due Oct.14, 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
\$ _____ <b>Total amount</b>	MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> American Express <input type="checkbox"/>

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 \_\_\_\_\_