



STEPPING STONE FARM

Office Phone #: 203-438-7749 Fax: 203-438-7750

Website: steppingstonefarmct.com

Office Use Only:

Paid:

Check #:

Date:

PLEASE CONTACT THE OFFICE PHONE NUMBER FOR FURTHER INFORMATION

2024 - 2025 PROGRAM PARTICIPANT REGISTRATION

LAST _____ FIRST _____ GUARDIAN _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE (____) _____ ALT.PHONE (____) _____

EMAIL ADDRESS _____

RIDER'S AGE (If applicable or please enter "Adult" if not a child) _____

RIDING EXPERIENCE (please circle) Beginner Advanced Beginner Intermediate Advanced

LESSON PROGRAM (Please Circle)

Fall III – December 9, 2024 – February 2, 2025

Summer – July 21, 2025 – September 14, 2025

Winter – February 3, 2025 – March 30, 2025

Fall I – September 15, 2025 – November 9, 2025

Spring I - March 31, 2025 – May 25, 2025

Fall II – November 10, 2025 – January 4, 2026

Spring II – May 26, 2025 – July 20, 2025

LESSON COST

8 Week Session – 1 hour Group - **\$560/per person** (\$70 per lesson with purchase of session)

8 Week Session – ½ hour Private - **\$840/per person** (\$105 per lesson with purchase of session)

8 Week Session – 1 hour Private - **\$1,680/per person** (\$210 per lesson with purchase of session)

Single – ½ hour Private Lesson - **\$110**

Single – 1-hour Private Lesson - **\$220**

1 hour group - **\$85**

Lesson Day & Time (first choice) _____ (second choice) _____

***Make up classes will be honored only during the current 8-week session.**

Only 2 makeups per 8-week session

WAIVER OF FARM LIABILITY

I recognize that this activity involves risk of injury and that because of the nature of this activity, an injury might occur. In the event of an injury to myself or to a family member, I give permission to the attending physician to render any treatment he deems necessary and agree to pay for such treatment. I agree to release Stepping Stone Farm, Inc, its affiliates, employees and instructors from any and all liability related to any injury. I have sustained or may later sustain while engaging in this activity, and to hold Stepping Stone Farm Inc, its affiliates, employees, and instructors harmless from any claim, cost or expense related to any injury I have sustained or may later sustain which engaging in this activity. I acknowledge that I have read this statement, fully understand it and sign voluntarily.

SIGNED _____ DATE _____

Please make checks payable to: Stepping Stone Farm. Checks are Non-Refundable