



*Cavallo Dreams*

*291 Mamaroneck Road  
Scarsdale, NY 10583  
(914) 725-3912  
CavalloDreamsFarm@gmail.com*

<i>OFFICE USE</i>
DAY/TIME: _____
_____
_____
NEW    RETURNING

## *Lesson Request Form*

Name of Rider: \_\_\_\_\_ Age: \_\_\_\_ Height: \_\_\_\_ Weight: \_\_\_\_

Parents Name (for minors): \_\_\_\_\_

*Contact Information: (New and Current Customers are kindly asked to fill out this information)*

Address: \_\_\_\_\_

(Street) (City) (State) (Zip)

E-Mail (used strictly for contact and scheduling purposes): \_\_\_\_\_

Phone #: Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

### *Lesson Request*

Desired Number of Lessons per Week( our program is based on 2x/wk): \_\_\_\_ Group, \_\_\_\_ Private

*Please circle **ANY & ALL** days you are available to ride –make note of any time constraints:*

Monday    Tuesday    Wednesday    Thursday    Friday    Saturday

Previous Experience: \_\_\_\_\_