



Session Renewal Form

Student's Name: _____

Session: _____

Class Preference (Day and Time) _____

Please provide any undated information such as changes in medication, recent injuries, etc.

Current Height: _____

Current Weight: _____

Parent/Caregiver Signature: _____ Date: _____

Email: _____ Amount Enclosed: _____

Five Week Session Fees:

Level I - \$200 Advanced - \$220

Classes fill fast. Applications must be accompanied with
full fee payment to hold your spot in a class.

In you have any questions please call (814) 474-5276
Or email program@hopehorseback.org

Return completed form to:

HOHB Program Director

PO Box 483

Waterford, PA 16441-0483