



121 Haynes Hill Rd Brimfield, MA 01010  
413-245-3083

## Registration Form

Troop # \_\_\_\_\_ Town: \_\_\_\_\_ Level \_\_\_\_\_

Contact Name \_\_\_\_\_

Email address: \_\_\_\_\_

Address \_\_\_\_\_ Home Phone \_\_\_\_\_

\_\_\_\_\_ Work Phone \_\_\_\_\_

\_\_\_\_\_ Cell Phone \_\_\_\_\_

Troop Leader \_\_\_\_\_ Phone \_\_\_\_\_

Assistant Troop Leader \_\_\_\_\_ Phone \_\_\_\_\_

Number of Children in group \_\_\_\_\_ (please double check our policy on minimum numbers to run a date. If you do not have the minimum requirement then we will try to pair you up with another troop of the same level)

First Date Requested \_\_\_\_\_ Second option \_\_\_\_\_

Do any members of the group have any physical or any other limitations/restrictions? (dizzy spells, heat stroke, panic attacks) \_\_\_\_\_

If yes please describe \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

If an overnight is requested:

Which badge would you like to complete?

Has the group had any horse riding experience? \_\_\_\_\_

If yes when and where? \_\_\_\_\_

\_\_\_\_\_

If yes how long have you been riding? \_\_\_\_\_

How many adults will be spending the night?

Please complete this form and return it to secure your date. Once we receive I back completed we will send out confirmation. Final head count is due 1 week before he scheduled event.