



Through the magic of the kid and the horse

Application Registration Card

Date _____ Troop _____

Name of Applicant _____

Address: _____

City/Zip: _____

School Attending: _____ Grade: _____

Date of Birth: _____ Home Telephone #: _____

E-mail Address: _____

Previous Riding Experience: _____

Mother's Name: _____

Address (if different): _____

E-mail: _____

Cell Phone #: _____ Occupation: _____

Father's Name: _____

Address (if different): _____

E-mail: _____

Cell Phone #: _____ Occupation: _____



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Occasionally the Ranger organization needs help with special events and projects. Would you be willing to be on a committee to help get these done? Do you have any special equipment, skills, interests or hobbies that might assist the Organization in which you would be able to volunteer for (photography, video production, web design/maintenance, grant writing, fund raising, public relations, transporting horses, construction, etc.)?

Any other information you feel would be useful for us to know?

Registration Payment Date _____

Signature of Applicant

Signature of Parent/Guardian