

**SARABANDE**  
Registration/Information



**Please complete this form & return with \$60 non-refundable deposit to:  
Sarabande Academy of Riding-  
6405 W. Ina Rd Tucson, AZ 85743**

Student Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone # \_\_\_\_\_

Parent Name(s) \_\_\_\_\_

Parent Contact Phone #(s) \_\_\_\_\_

Email Address \_\_\_\_\_

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

Emergency Contact Phone #(s) \_\_\_\_\_

Allergies or any important medical information:

Dates:

Please Wear long pants closed toed shoes and bring a sack lunch