

Mail registration forms to:

Kennedy Farms Equestrian Center, Inc.

P.O. Box 3827

Chesterfield, MO 63006



Email address:

kennedyfarms@kennedyfarms.com

Phone:

636-532-7274

Website:

www.kennedyfarms.com

Rider's Name: _____ Today's date: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ E-mail: _____

Cell Phone: _____ Age: _____

T Shirt Size: circle one YS YM YL YXL AS AM AL AXL AXXL
(If the size is not available, we will substitute best option.)

Parent's / Guardian's Name: _____

Parent's / Guardian's Signature: _____

Riding Experience & Goals: _____

Any Allergies or medications we need to be aware of? _____

How did you hear about us? _____

