



Hooves and Angels, Inc.

Horse Rescue and Rehabilitation

718-030 N. Hwy 395 PO Box 137 Standish, CA 96128

(530) 254-6631

directors@hoovesandangels.com

Registration Form

Clinics

Therapy

Riding Lesson

Volunteer

Name: _____ Age: _____ Phone#: _____

Address: _____ City: _____ State: _____ Zip: _____

Parent/Guardian: _____ E-Mail: _____

(If a minor) Print

Do you have a disability or any limitations?

(Please describe any disabilities or indicate any special needs):

Hooves and Angels, Inc. requests a donation of \$10.00 per participant.

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, or disability.

If you have any questions please call us at (530) 254-6631.

Please return Registration forms to:

By USPS Mail:

HOOVES AND ANGELS, INC.

PO Box 137

Standish, CA 96128

By Email:

directors@hoovesandangels.com

By Fax:

(530) 254-6427

For Office Use Only

Individual Group Group Name: _____

of Participants: _____ Ages of Participants: _____ Total Fee: \$ _____ Paid

Special Needs _____

Scheduled Date: ____/____/____

Approved: _____