



Where lasting friendships and great memories are made...
 440 South Street Morristown, NJ 07960 Phone: (973) 644-3355
 website: www.seatonhackney.com Email: Seatonh@verizon.net

Seaton Hackney Stables Petite Equestrian Programs are geared to your young aspiring Equestrian, using size-appropriate ponies and cobs, patient and supportive instructors and helpers, in a private setting and a fun filled atmosphere. A great way to initiate their riding adventures!

Early Fall PEP Registration Form 2022

Our 6-WEEK x 1hr Session Starting

Saturday, September 10th or Sunday, September 11th

Fee for each of these 6-week x 1hr PEPs is: \$375
Register for two siblings in the same session and save \$50 each!
You must fill out a Liability Waiver in the office before participating!

Important: Please read before signing up! NO REFUNDS OR MAKE-UPS!

After the first session of the program, fees are not refundable but remaining sessions are transferable to other riders or to other activities with an administrative charge of \$15 per missed 1hr session. Please always arrive 15 minutes before session starts.

In case of inclement weather please call the Stables to check the status of the session.

Rider's Name: _____ DOB: _____

Address: _____ ST: _____ Zip: _____ Phone: () _____

Email: _____

Parent or Guardian: _____ Emergency/Cell phone: () _____

PLEASE CHECK THE SESSION(S) YOU WISH YOUR CHILD TO ATTEND:

Note: A parent or guardian must remain with the child and may be occasionally asked to lend a hand.

Program time:	9:30am to 10:30am	11:30am to 12:30pm	1:30pm to 2:30pm	3:00pm to 4:00pm
Age Range	3yr-5yr	5yo-7yo	3yr-5yr	5yr-7yr
Saturday	<input type="checkbox"/>	<input type="checkbox"/>	9/10, 9/17, 9/24, 10/1, 10/8, 10/15	<input type="checkbox"/>
Sunday	<input type="checkbox"/>	<input type="checkbox"/>	9/11, 9/18, skip, 10/2, 10/9, 10/16, 10/23	<input type="checkbox"/>

Dates may change due to Holidays

-----OFFICE USE ONLY—ONE FORM PER CHILD-----

Amount paid: \$375 \$350 each (If two or more siblings in this class)

Paid by Cash

Paid by Check #

OM Initials

PAID STAMP

OR *CC Number: _____ Exp Date: _____ CVC: _____ Zip Code: _____

*Office Erase after charging