



REGISTRATION FORM
PARTICIPANT INFORMATION

First name: _____ Last name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone number: _____

Age (if Youth Participant): _____

Consent: I give _____ my permission to participate in North Star Stables program & activities.

Parent/Guardian Signature: _____

How did you hear about us?

Yes, please add me to North Star Stables Email list:

CLASS INFORMATION

Class Name: _____

Date(s) Attending: _____ Location: _____

Price: _____

PAYMENT INFORMATION

Total Enclosed: \$ _____ Check # _____ Make Checks Payable to: Amy Remek

****Once registered you must RSVP for Series Classes weekly.****

Mail your registration with payment to:
Amy Remick, North Star Stables, PO Box 84, Hugo, MN 55038

Contact us at 651-587-9555 or email: northstarwelas@gmail.com for questions.