



121 Haynes Hill Rd Brimfield, MA 01010
413-245-3083

Registration Form

Troop # _____ Town: _____ Level _____

Contact Name _____

Email address: _____

Address _____ Home Phone _____

_____ Work Phone _____

_____ Cell Phone _____

Troop Leader _____ Phone _____

Assistant Troop Leader _____ Phone _____

Number of Children in group _____ (please double check our policy on minimum numbers to run a date. If you do not have the minimum requirement then we will try to pair you up with another troop of the same level)

First Date Requested _____ Second option _____

Do any members of the group have any physical or any other limitations/restrictions? (dizzy spells, heat stroke, panic attacks) _____

If yes please describe _____

How did you hear about us? _____

If an overnight is requested:

Which badge would you like to complete?

Has the group had any horse riding experience? _____

If yes when and where? _____

If yes how long have you been riding? _____

How many adults will be spending the night?

Please complete this form and return it to secure your date. Once we receive I back completed we will send out confirmation. Final head count is due 1 week before he scheduled event.