

**North Carolina 4-H Horse Show
Adaptive Riding Division Registration Form**

Name _____ Date of Birth _____ / _____ / _____

Address _____ Telephone _____

Parents' Names _____

Agent's Name _____ County _____

Adaptive Riding Program _____

Attending *Riding Ability*:

Member can ride at a: walk trot: sitting rising

Aides used when riding: Leader One side walker/aide Two side walkers/aides

How long have you been riding? _____

Please note class requirements and aids you require:

Mounting Requirements: Ramp _____ Ground _____

Horse: Name _____

Breed _____ Age _____

Color _____ Height _____

Class number(s) that you would like to enter: _____, _____, _____, _____

This form is to be used by participants in the adaptive riding division only. Information contained herein will be maintained in confidence and is required for the safety and continued development of the adaptive riding programs.