

Client Information

CRYSTAL FARMS

15203 C Drive South, Marshall, MI, 49068

Date: _____

Name(Adult):

Riders Name(s):

1. _____ Date of Birth: _____

2. _____ Date of Birth: _____

3. _____ Date of Birth: _____

Address:

Phone(Home): _____ (Cell): _____

(Work): _____

E-mail: _____

Crystal Farms Instructor:

Comments: (Allergies, Special Instructions):

Signature of Parent or Legal Guardian

(Print)

(Signature)