

**MIDLAND COUNTY 4-H EXCEPTIONAL RIDERS
TALL IN THE SADDLE**

APPLICATION FORM

Date of Application: _____

Date Received: _____

Participant's Information:

Name: _____

Date of Birth: _____

Weight: _____

Height: _____

Diagnosis/Special Education

Certification: _____

Additional information about the applicant that would be helpful for the riding program (muscle tone, physical limitations, expected benefits from participating in the program, etc.):

Present school and program attending (if applicable):

Services Receiving (if applicable): OT _____ PT _____ Speech _____ Other _____

Parent/Guardian/Adult Rider Information:

Name/s: _____

Address: _____

City, State: _____

Phone Number: _____

Return completed application form to:

Attn: Ms. Betsy Evans

MC4-HER—Tall in the Saddle

c/o Midland County Extension Service

Phone: 832-6641

220 W. Ellsworth

Midland, MI 48640

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