

Walnut Creek Pony Club \_\_\_\_\_

Lesson Form

Date: \_\_\_\_\_

Check Number \_\_\_\_\_

Check Date \_\_\_\_\_

Check Amount \_\_\_\_\_

Instructor Name & Phone: \_\_\_\_\_

Facility Name: \_\_\_\_\_

Address: \_\_\_\_\_

City & State: \_\_\_\_\_ Zip code: \_\_\_\_\_

**PARTICIPATING RIDERS:**

RIDER FIRST NAME	RIDER LAST NAME	SIGNATURE OF RIDER	LESSON FEES PER RIDER
Instructor's Signature:			Total Due:

Name of Person Submitting Request: \_\_\_\_\_

Date of Request: \_\_\_\_\_

**Make Check Payable to:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Submit form to: WCPC Treasurer  
Christine Rothe, 7078 Bittersweet Lane, Okeana, OH 45053  
Email: christine.d.harmon@gmail.com