

Sheriff's Mounted Posse of Greene County
Horse S.H.O.E. Program
(Sheriff's Horsemanship Outreach and Education)

Please fill out and mail the form below with payment to enroll your child in the Horse S.H.O.E. Program. Remember to indicate what age group you are enrolling your child in. Enrollment will be limited to 10 children ONLY for each age group. Please contact Cpl. Jennifer Flood at 833-9673 to make sure spots are available or if you have any questions.

Horse S.H.O.E. 101: \$40 each child
Ages 8-11 Tuesday: Aug 24, 31, Sept 7, & 14
4:00pm-5:30pm

Horse S.H.O.E. 101: \$40 each child
Ages 12-15 Thursday: Aug 26, Sept 2, 9, & 16
4:00pm-5:30pm

Mail your registration form and check to:

Springfield-Greene County Park Board Program Registration
C/O Valley Water Mill Park Equestrian Center
Attn: Jennifer Flood
1923 North Weller
Springfield, MO 65803

- Make checks payable to the Springfield-Greene County Park Board**
- Registration forms received without payment will not be accepted**

Cancellation Policy:

1. Class fees offset the cost to plan and schedule these classes. When you sign-up for a class, we depend on your enrollment for a successful class. Please plan your schedule carefully. We cannot accept responsibility for your personal circumstances.
2. If you must cancel from a class, call 833-9673 five (5) business days before the class starts. Choose from these options:
 - a) transfer to another class (if available); or
 - b) receive your money back (less a \$10 processing fee).
3. You are notified if your class cancels due to insufficient registration.
4. Refunds take 2-3 weeks and will be charged a \$10 processing fee.
5. There will be a \$20 fee for all returned checks.

****Once application and payment is received, an informational packet will be mailed back to you with the required liability waivers and other information needed before the program. It is vital that we have the signed waiver on the first day of the program. Without the signed waiver, your child will not be accepted.****

Horse S.H.O.E. Program
 (Please fill out and mail in with your payment info)

| | | | | | |
|---|--|-----------------------------|-----------------|-------------|----------------|
| Name of Child: | | Name of Parent or Guardian: | | Home Phone: | Daytime Phone: |
| Mailing Address: | | | City/State/Zip: | | Age of Child: |
| Please indicate which age group your child will be in (age of child at the date of the first day of program) | | | | | |
| HorseSHOE 101: | | Ages 8-11 | | Ages 12-15 | |
| TOTAL FEES ENCLOSED \$ _____ | | | | | |
| Charge to my: _____ Visa _____ MasterCard _____ Exp. Date: _____ | | | | | |
| Card Number: _____ | | | | | |
| Signature: _____ | | | | | |
| FOR OFFICE USE ONLY: | | | | | |
| Fee Paid: _____ | | | | | |
| Received by: _____ | | | | | |
| Date: _____ | | | | | |
| Cash _____ Check# _____ | | | | | |
| If your child has a disability, do they require accommodations to participate in any of these activities? _____ | | | | | |
| If you answered YES, please describe: _____ | | | | | |
| _____ | | | | | |