



MIGHTY MUSTANGS™

A HORSE WARRIORS™ PROGRAM

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APPLICATION FORM

Name of Child: _____

Name of Accompanying Parent: _____

Age of Child: _____ Age of Parent: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell: _____

Email: _____

(Questions for both student and parent)

Why do you want to participate in Mighty Mustangs?

What skills would you like to learn with the horses and with your riding group this summer?

We will be trading horses some this summer, so you will get a chance to try riding new horses as well as the one you are already used to riding. It will be fun and exciting! And it will help you be a better rider and give you practice working with other horses.