

Madison Area Recreational Equestrian Sisters



Registration Form

Last Name _____

First Name _____

Street Address _____

City _____

State _____

Zip Code _____

Telephone Number (H) _____

(W) _____

Email _____

Professional Memberships _____

Profile of Horse(s) _____

Experience, Special Expertise _____

Programs I'm Interested In _____

Download and print this form, complete it, and mail with a \$25 check made out to "Marti Coursin" to
506 Blue Ridge Pkwy
Madison, WI 53705

Note: please do not make checks payable to "MARES"