



Elkridge-Harford Hunt Pony Club 2020 Membership Form and Questionnaire

Pony Club Member Name: _____

Date of Birth: _____ Current Rating: _____

Is your child looking to rate up next year (please circle)? Yes/No Spring/Fall

Sponsor Name (this is the person who will be voting on behalf of the Pony Clubber):

Sponsor Email (if not parent): _____

Parents' Names: _____

Address: _____

Home Phone: (____) _____

Work Phone: (____) _____ Work Phone: (____) _____

Cell (parent): (____) _____ Cell (parent): (____) _____

Cell Phone (member): (____) _____

Email Address (parents):

Email Address (member): _____

Each year we try to organize activities and clinics to educate each member, what would you, as a member, like to see? Give me some ideas and suggestions.

Please return this form to Kim Kuhr at kkuhr@bcps.org.