

Reaching one child with one horse at a time!

DATE: _____

FEE: NO CHARGE *

PERSONAL

Please note that this information is used for JAKES Club only and is not shared with other sources. LIST ALL DATES IN mm/dd/yyyy FORMAT

Adult Last Name: _____ First: _____

Adult Last Name: _____ First: _____

Legal Guardian Name (if different than above): _____

Street Address: _____

City, State, ZIP Code: _____

County: _____ E-mail Address: _____

Home Phone # (____) _____ Cell # (____) _____

THERAPEUTIC SADDLE CLUB INFORMATION (One form per child)

Child Last Name: _____ Age: _____ DOB ____/____/____

Child First Name: _____ Nick Name: _____

Indicate special need(s) and name of disability (ies):

HORSE INFORMATION

Horsemanship: ____ Yes ____ No Riding: ____ Yes ____ No Other: _____ Number of Years: ____

Location: _____

Specifically, what benefits/goals do you foresee our programs providing your child?

* Short term: _____

* Long Term: _____

Comments: _____

Additional Forms upon TSC 3-2-1 Program Enrollment: Physicians Release, Release of Liability, Parental Agreement and Photo Release

ADDITIONAL INFORMATION

*JAKES Club has *qualified* to participate with the 2009 Combined Federal Campaign (#80536) and Missouri State Employees Charitable Campaign (#3077). If you know federal/state employees would you be able to help JAKES Club with a CFC/MSECC presentation or share information? ____ Yes ____ No Agency Name: _____

Contact: _____ Number: _____ E-mail: _____

*Would you be interested in JAKES Club giving a presentation to your church, sorority, group, clubs, etc.? ____ Yes ____ No

Contact Name: _____ Number: _____ E-mail: _____

How did you learn about JAKES Club?

**I have planted, Apollos watered; but God gave the increase. 1 Corinthians 3:6 KJV*

Jesus And Kids Evangelistic Saddle Club | 39002 E. Nivens Rd. | Oak Grove, MO 64075 | 816.682.9830