



EQUESTRIAN ACCESS APPLICATION

Date: _____

Contact Name: _____

Email Address: _____

Phone Number: _____

Rider Applicant Name(s): _____

Please include date of birth for children under 18 _____

Parent/Legal Guardian Name: _____

Address: _____

City: _____ Zip: _____

Trainer Affiliation: _____

Your application for Equestrian Access at Sullivan Canyon Preservation Association is subject to a \$50 handling fee. Upon receipt of this application and a fee, your name will be added to the waitlist. Please let us know of any change to your contact information so we can get in contact when your name comes to the top of the waitlist.

Please make checks payable to: Sullivan Canyon Preservation Association

SULLIVAN CANYON PRESERVATION ASSOCIATION
1640 Old Oak Road, Los Angeles, CA 90049
www.sullivancanyon.org | sitemanager@sullivancanyon.org | phone: 310-454-5905