

I, (Print parent/guardians name) _____
have read the attached instructions and fully understand the rules put in
place by “Riding on Angels’ Wings” and agree to comply with them as
stated.

Date: _____

Riders Name: _____

Parent/Guardian Signature: _____

Email address: _____

Please sign and return to:
“Riding on Angels’ Wings”
5062 120th Ave. N.
Felton, MN 56536
(218) 359-0007
www.ridingonangelswings.org