

Rise Up Therapeutic Horsemanship

REGISTRATION FORM

Year _____

Participant Name _____

Affiliate Organization (if applicable) _____

Mailing Address _____

Phone (c) _____ Phone (h) _____

Email address' _____

Date of Birth _____ Age _____

Height _____ Weight (*confidential+ mandatory*) _____ lbs.

Parent/LegalGuardian _____

Parent / Guardian address, if different from above

Parent/ Guardian ph./ email _____

Session Fees:

Group lesson (45- 55 min) 6 Week session = \$210
8 Week session = \$280

Private Lesson (30 min.) - 6 Week Session = \$180
8 Week session = \$240

Signature(participant) _____ Date _____

Signature (parent/guardian) _____ Date _____