

National Ability Center Winter 2009 Registration Form



Rider Name: _____ Rider Level: _____ Date: _____
 Rider weight: _____ Height: _____ Age: _____ Disability: _____
 Phone: home: _____ Cell: _____
 Parent/Guardian: _____ Email: _____

____ Winter I (Jan 5th-Feb 14th) *6 week session
 ____ Winter II (Feb 23rd-March 28th) *5 week session

Please check one or both of the session(s) you wish to attend.

PLEASE INDICATE AT LEAST YOUR 1ST, 2ND, AND 3RD CHOICE OF RIDE TIMES. We will do our best to accommodate your 1st or 2nd choices. Spaces in our classes will be filled based on the order in which the registration forms are received in our Business Office. Riders with a disability have priority in the group registration process.

GROUP LESSONS: SESSION I: \$138 rider with disability and \$192 /rider without disability
SESSION II: \$115 rider with disability and \$160 /rider without disability

Novice Level 1 <input type="checkbox"/> Monday 2:30-3:50 <input type="checkbox"/> Tuesday 1:00-2:20 <input type="checkbox"/> Wednesday 4:00-5:20 <input type="checkbox"/> Thursday 1:00-2:20	Intermediate Level 5&6 <input type="checkbox"/> Tuesday 5:30-6:50 <input type="checkbox"/> Thursday 5:30-6:50 <input type="checkbox"/> Friday 3:30-4:50	Advanced Level 8 <input type="checkbox"/> Friday 5:30-6:50	\$ _____ \$ _____
Novice Level 2&3 <input type="checkbox"/> Monday 4:00-5:20 <input type="checkbox"/> Tuesday 3:00-4:20 <input type="checkbox"/> Wednesday 1:00-2:20 <input type="checkbox"/> Wednesday 5:30-6:50 <input type="checkbox"/> Thursday 4:00-5:20 <input type="checkbox"/> Friday 10:30-11:50 <input type="checkbox"/> Saturday 10:00-11:20	Intermediate Level 7 <input type="checkbox"/> Friday 3:30-4:50 <input type="checkbox"/> Saturday 1:30-2:50	Advanced Level 9 <input type="checkbox"/> Saturday 4:30-5:50	
Novice Level 4 <input type="checkbox"/> Monday 5:30-6:50 <input type="checkbox"/> Saturday 12:30-1:50			

PRIVATE AND SEMI-PRIVATE LESSONS: SESSION I: \$162 rider with disability
SESSION II: \$135 rider with disability

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	
-----	-----	-----	-----	-----	10:00	\$ _____
-----	1:00	1:00	1:00	1:00	11:00	\$ _____
2:00	2:00	2:00	2:00	2:00	12:00	
3:00	3:00	3:00	3:00	3:00	-----	
4:00	4:00	4:00	4:00	4:00	2:00	
5:00	5:00	5:00	5:00	5:00	3:00	
-----	-----	-----	-----	-----	4:00	
7:00	7:00	7:00	7:00	7:00	-----	

Payment is expected with this registration form in order to be granted your lesson requests. Please include a check when mailing this form or complete the credit card information below.

Credit Card #: _____ Exp: _____

This registration form is due by December 22, 2008. Confirmation letters will be mailed two weeks prior to the start of session for riders with a disability and one week prior to riders without a disability.

Our fees cover only 30% of the program costs. If you would like to contribute we welcome any size donation.

Donation \$ _____

Total \$ _____