



National Ability Center

Equestrian Program Therapeutic Riding 2012 Registration Form

Registration Deadlines for each session are 3 weeks prior to the start of the session.
Any registration forms received after this date will be charged a \$15 late fee.

Please check which sessions you would like to register for:

<u>Schedule:</u>	<u>Prices:</u>		
	Private	Group with Disability	Group without disability
___ Winter: January 2 – February 18	\$245	\$175	\$245
___ Spring: February 27 – May 26 No lessons April 9-14	\$420	\$300	\$420
<i>Barn Party Event June 2</i>			
<i>Horse Show and Rodeo June 9</i>			
___ Summer I: June 11 – July 14 No lessons Wednesday, July 4	\$175 Weds: \$140	\$125 \$100	\$175 \$140
<i>Open House Event July 21</i>			
___ Summer II: July 23 – August 25 No lessons Tuesday, July 24 th	\$175 Tues: \$140	\$125 \$100	\$175 \$140
<i>Special Olympics Riders' Cup August 11th</i>			
___ Fall: September 10 – December 15 No lessons Oct. 22-27, Nov. 22-24	Mon.-Weds: \$455 Thurs.-Sat.: \$420	\$325 \$300	\$455 \$420

Half session option:

We offer riders the option to register for a half session with a **10% fee** during our Spring and Fall sessions only. If registering for a half session, please indicate which half of the session you would like to register for by circling the dates.

___ Spring: Feb. 27 – April 7 <i>or</i> April 16 – May 26 No lessons April 9-14	\$231	\$165	\$231
___ Fall: September 10 – October 20 No lessons October 22-27	\$231	\$165	\$231
<i>or</i>			
October 29 – December 15 No lessons Nov. 22-24	Mon, Tues, Weds: \$270 Thurs, Fri, Sat: \$231	\$193 \$165	\$270 \$231

Payment Plan: You may pay for your lessons in multiple payments if needed. Please complete and submit a scholarship and payment plan application prior to the registration deadline to set up a payment plan.

Scholarship: All participants must complete a scholarship and payment plan application prior to the registration deadline to be considered for scholarship. Scholarships are only awarded one session per season, per participant. For our Winter, Spring, and Fall sessions, participants may receive up to 50% scholarship. Please see the Participant Handbook for more information.



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Equestrian Program
Therapeutic Riding
2012 Registration Form

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

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 Administrative Office. Riders with a disability have priority in the group registration process.

GROUP LESSONS (2-4 PEOPLE):

Novice Level 1 Tuesday 1:00-2:20 Wednesday 1:00-2:20 Thursday 1:00-2:20	Novice Level 2&3 Tuesday 3:00-4:20 Wednesday 4:00-5:20 Saturday 11:30-12:50	Novice Level 4 Saturday 4:00-5:20	Intermediate Level 5&6 Wednesday 5:30-6:50 Thursday 5:30-6:50 Friday 3:30-4:50 Saturday 1:30-2:50
Intermediate Level 7 Friday 1:30-2:50 Saturday 10:00-11:20		Advanced Level 8 Tuesday 5:30-6:50 Thursday 10:00-11:20	Advanced Level 9 Friday 10:00-11:20 Friday 5:30-6:50

PRIVATE LESSONS (RIDERS WITH DISABILITIES ONLY):

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
11:00am	11:00am	11:00am	-----	-----	-----
12:00pm	12:00pm	12:00pm	12:00pm	12:00pm	12:00pm
1:00	1:00	1:00	1:00	1:00	1:00
2:00	2:00	2:00	2:00	2:00	-----
3:00	-----	3:00	3:00	3:00	3:00
4:00	4:00	-----	4:00	4:00	4:00
5:00	5:00	5:00	-----	5:00	-----
6:00	-----	6:00	-----	-----	-----

Please select prices from first page to calculate total

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 3 weeks prior to the first day of the session. 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.

I would like to receive my confirmation letter via: **Mail** **Email**
 (Please provide email address at the top of this form)

Donation \$ _____

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

Total \$ _____