



THERAPEUTIC RIDING, INC. Form #1a
4715 E. Joy Road Ann Arbor, MI 48105 734-741-9402

Spring/Summer 2010 Session: April 10 – July 31, August 2, and August 7, 2010

No classes Monday May 31. No classes July 2 – July 10

Deadline: Payment (\$350.00) MUST accompany form; Both due before February 8, 2010

Rider's Name: _____ Date of Birth: _____ Current Weight: _____

Parent(s) Name(s): _____ Home Phone #: _____
(if Rider under age 18 or living at home)

Street Address: _____ Cell Phone #: _____

City, State _____ Office Phone #: _____

E-mail Address(es): _____

CIRCLE ALL TIMES that the Rider IS ABLE TO RIDE

Independent riders: Check here and Jan will contact you with scheduling information _____

<u>Mondays</u>	<u>Tuesdays</u>	<u>Wednesdays</u>	<u>Thursdays</u>	<u>Saturdays</u>
	9:00-10:00a.m. 10:00-11:00 a.m. 11:00-12:00 noon			9:00-10:00a.m. 10:00-11:00 a.m. 11:00-12:00 noon 12:00-1:00pm
6:00-7:00 p.m. 7:00-8:00 p.m. 8:00-9:00 p.m.	6:00-7:00 p.m. 7:00-8:00 p.m. 8:00-9:00 p.m.	6:00-7:00 p.m. 7:00-8:00 p.m. 8:00-9:00 p.m.	6:00-7:00 p.m. 7:00-8:00 p.m. 8:00-9:00 p.m.	

This form and payment of \$350.00 is due by February 8, 2010

Payment of \$361 was made on the website on _____ (date) _____ (signature)

____ Additionally, I would like to make a donation of \$ _____ to Therapeutic Riding, Inc.

Rider fees account for only 21% of our annual budget.

**FAILURE TO RETURN ALL PAPERWORK AND PAYMENT MAY RESULT
IN RIDER LOSING HIS/HER ACTIVE RIDER STATUS.**

____ Rider will **NOT** be participating in Spring/Summer 2010 Session and plans to enroll in the Fall 2010 Session.

____ Rider will no longer be riding at TRI.