



# 2015 HEARTS & HORSES REGISTRATION FORM

This writable PDF form can be saved and emailed  
Register by Mail, email, fax or in Person

SESSION DATES • REGISTRATION DEADLINES • PRICING								
Session	Session Dates	Registration Begins	Registration Deadline	Price: 1.5 HR Group	Price: 1 HR Group	Price: 30 min Private	Price: 45 min Private	
1	8 Weeks	Jan 17-Mar 13	12/7/14	12/19/14	\$360	\$240	\$320	\$400
2	8 Weeks	Mar 28-May 22	2/16/15	2/27/15	\$360	\$240	\$320	\$400
3	8 Weeks	Jun 8-Aug 8	4/27/15	5/8/15	\$360	\$240	\$320	\$400
4	8 Weeks	Aug 22-Oct 19	7/20/15	7/31/15	\$360	\$240	\$320	\$400
5	6 Weeks	Nov 4-Dec 19	9/28/15	10/9/15	\$270	\$180	\$240	\$300

Participant's name \_\_\_\_\_ Weight (**Please call if over 170#**) \_\_\_\_\_ Height \_\_\_\_\_ Age \_\_\_\_\_

Responsible Party \_\_\_\_\_

Phone(s) \_\_\_\_\_ Email Address \_\_\_\_\_

Mailing Address \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Emergency Contact Name & Phone \_\_\_\_\_

Has participant's medical status changed? (seizures, etc?)  Yes  No If yes, please describe \_\_\_\_\_

PROGRAM (CHECK ONE)  THERAPEUTIC RIDING  HIPPO THERAPY  
 CHANGING LEADS  HEARTS & HORSES FOR HEROES (VETERANS)

TYPE OF LESSON (CHECK ONE)  GROUP  30 MIN. PRIVATE  45 MIN. PRIVATE  
 \* (PRIVATE LESSONS BY PRIOR ARRANGEMENT ONLY)

- I would like to keep my spot at the **same time and day**. My riding day and time is \_\_\_\_\_
- I would like to register for a **different** class. Days & times that I'm available: \_\_\_\_\_

**Method of Payment (Please check one)** \*Payment or arrangement for payment must be made at the time of registration.

Please specify amount paid: \$ \_\_\_\_\_ Checks can be made payable to Hearts & Horses

- Check#** \_\_\_\_\_ OR  **Cash** \*Please hand deliver to Hearts & Horses Office (M-F 9:30-3:30 pm)
- Credit Card** \*Call office or pay online at [www.heartsandhorses.org](http://www.heartsandhorses.org) If paying online, please attach your receipt.
- Paid for by other agency or benefactor** \*Please note you are still responsible for securing payment

Name of agency/contact person/address/phone \_\_\_\_\_

- I have **2015 scholarship** forms on file. I understand that funds are limited.

Office Use Only: Date Received \_\_\_\_\_ Amount \$ \_\_\_\_\_ Initials \_\_\_\_\_