**PARTICIPANT TYPE**

**Participant Type**: **Community** 🞏 **School/Agency** 🞏 **Perkins Day** 🞏 **Perkins Adult** 🞏

**SESSION** Please select the session(s) that you or your child will be attending

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Check**  **Session(s)** | **Session** | **# 0f**  **Weeks** | **Start Date** | **End Date** | **Registration and Payment Due by:** |
|  | Fall Session 1 | 8 | September 1, 2019 | October 26, 2019 | August 25, 2019 |
|  | Fall Session 2 | 8 | October 27, 2019 | December 21, 2019 | October 13, 2019 |
|  | Winter Session | 7 | January 5, 2020 | February 29, 2020 | December 15, 2019 |
|  | Spring Session 1 | 8 | March 1, 2020 | May 2, 2020 | February 16, 2020 |
|  | Spring Session 2 | 7 | May 3, 2020 | June 20, 2020 | April 12, 2020 |

#### **How did you learn about the Rein in a Dream Program? Please select choice(s)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Website** | **Social Media** | **Print Ad** | **Friend** | **PATH Intl.** | **Other** |

#### **PARTICIPANT INFORMATION** (Returning Participants submit name and any pertinent changes to your information)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | |  |  |  |  | | |  |  |  |  | |
| Participant First *Name* | | |  | Middle Initial |  | Last Name | | |  | Birthday |  | Age | |
|  |  |  | | | | |  |  |  |  |  |  | |
| Parent/Guardian 1 |  | Cell phone | | | | |  | Home / Work Phone |  | Height |  | Weight | |
|  |  |  | | | | |  |  |  |  |  |  | |
|  |  |  | | | | |  |  |  | **Availability** |  |  | |
| Parent/Guardian 2 |  | Cell phone | | | | |  | Home / Work Phone |  | 🞏 Mon 🞏 Tue 🞏 Wed  🞏 Thu 🞏 Fri 🞏 Sat 🞏 Sun | | | |
|  |  |  | | | | |  |  |  |  | | | | |
| Address |  | Town and State | | | | |  | Zip |  | 🞏 9am-12 🞏 12-3pm 🞏 3-7pm | | | |
|  |  |  | | | | |  |  |  |  | | |  |
| Email 1 |  |  | | | | |  | Email 2 |  |  | | |  |

#### **PROGRAMS** Please Indicate your Choice(s)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **SELECT** | **PROGRAM** | **TYPE** | **RATE** | **7 WEEK**  **SESSION** | **8 WEEK**  **SESSION** |
|  | Therapeutic Riding | Private ½ Hour | $55 | $385 | $440 |
|  | Therapeutic Horsemanship | Private 1 Hour | $75 | $525 | $600 |
|  | Therapeutic Horsemanship | Semi-Private 1 Hour\* | $55 | $385 | $440 |
|  | Recreational Horsemanship | Private 1 Hour | $65 | $455 | $520 |
|  | Recreational Horsemanship | Semi-Private 1 Hour\* | $50 | $350 | $400 |
|  | Critter Care | Private | $55 | $385 | $440 |
|  | Critter Care | Group 2-3 Participants | $35 | $245 | $280 |
|  | Job Skill Development  Wednesday 6-7PM | Group 2-3 Participants | $35 | $245 | $280 |
| **Note:** Semi-Private lessons require pre-approval, please review policies for participant criteria | | | | | |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Participant/Parent/Guardian or Participant if over 18 years of age Date**

***Office Use Only:***

**Start Date:** \_\_\_\_\_\_\_\_\_\_\_ **Total Number of Lessons:** \_\_\_\_\_\_\_\_\_

**Payment Method:** **Check**: \_\_\_\_\_\_\_\_\_\_ **Credit Card (see CC authorization Form):** \_\_\_\_\_\_\_\_\_

**Scholarship Amount per Lesson**: $\_\_\_\_\_\_\_\_\_\_ **Total Scholarship for Session:** $ \_\_\_\_\_\_\_\_\_\_\_