IVY HILL THERAPEUTIC EQUESTRIAN CENTER FAMILY TRAIL RIDES REGISTRATION FORM

Contact info@ivyhillequestrian.org for more information

| NAME | | | DATE |
|---|---|--------------------------|--|
| Proposed Date of Alternate Date (s | f Event (Fridays and S | Sundays Prefer | able) |
| Proposed Time o | of Event: | | |
| | | | nts for proper horse selection: |
| PRICING: | | | |
| # of Participants (4 MAX) | | Session Fee | |
| | 1 Hour Trail Ride | \$50 per person | |
| | | Daves | |
| ❖ Pavment f | or the program must be | Payn received no late | er than one week before the proposed date. |
| - | can be made by check, of | | |
| • • • • • • • • • • • • • • • • • • • | | | ancellation Policy |
| NON-EM refunds | ERGENCY CANCEI | LLATIONWe | e understand that things come up but there are no |
| | ENCY CANCELLATI apted to an indoor ride | - | gram will go on regardless of weather and activities |
| Please sign here | that you have read an | d will comply w | vith these policies: |
| Client (Parent or g | guardian of client) Sign | ature | Date |