



Heroes on Horseback

CONTINUING REGISTRATION FORM

Cost: \$150.00 per session

Summer 2017: June 12-July 6

Please note that all paperwork must be received prior to the start of each session

This form to be used if Participating Registration Form and Physicians Statement are dated after 6/12/2016

Please contact us regarding special Tuition Assistance for qualified riders. Persons seeking Tuition Assistance should complete a Tuition Assistance Form.

Participant Name: _____

Please check:

Session 1 ____ (June 12, 14, 15) Session 2 ____ (June 19, 21, 22)

Session 3 ____ (June 26, 28, 29) Session 4 ____ (July 3, 5, 6)

Indicate changes below:

E-Mail Address:	Home Phone:	Mobile Phone:
Address:	City:	State / Zip:
Emergency Contact::	Phone:	Phone:
Medical Conditions & Medications:		
Other :		
<input type="checkbox"/> There are no known changes to the participant's medical conditions, medications or contact information.		
Please reserve my space for this therapeutic riding session. My \$25 Deposit is included. SIGNATURE/ DATE:		