VARHA Therapeutic Tack & Ride Registration Form 2024

Rider Name:		Date of birth:	
Address:			
Phone Number:	E-m	ail address:	
Does rider have a documented special need? (yes / no)			
Rider Weight: ** Note: VARHA has a policy of 180 pound limit for able-bodied riders & 140 for riders needing lifted by instructors.			
Parent/Guardian Information:			
Name:			
Address (if different from above):			
Phone number (if different from above):			
Class(es) Requested – Please indicate your first & second choice of session you wish to ride in with a "1" & "2", in the event your first choice is filled. The class rosters will be set two weeks before first date of each session. You will be notified if your rider is on the roster.			
Class times are 5:30 PM, 6:15 PM and 7 PM. Please note preferred time if applicable.			
Preseason, Wednesday evenings: April 3, 10	, 17, 24, and May 1	Preferred time:	\$200
Spring, Wednesday evenings: May 15, 22, 29), and June 5, 12, 19	Preferred time:	\$240
Summer, Wednesday evenings: July 10, 17, 24, 31 and Aug. 7, 14		Preferred time:	\$240
Fall, Wednesday evenings: Aug. 28, and Sept	:. 4, 11, 18, 25, and Oct. 2	Preferred time:	\$240
Method of Payment Section MUST be filled out in order for us to process your registration! Leaving it blank will result in a delay of your registration			
Private Payment: We accept cash, check, or online credit card payments.			
Agency Payment: If an agency is responsible for payment, please complete below section.			
Agency Name:			
Agency Address:			
Agency Contact: Pł		Phone:	

_____Scholarship: A limited amount of scholarship money is available for income eligible clients. If you would like to apply for scholarship money, please request the application and send a statement of need with the completed application.

Full application will be sent out soon after registration form is received. The COMPLETED Application & FULL Payment are due at least ONE WEEK before class starts. Rider cannot participate until forms are received!