

VARHA Cart Class Registration Form 2023

Rider Name: _____ Date of birth: _____

Address: _____

Phone Number: _____ E-mail address: _____

Does rider have a documented special need? (yes / no) _____

Parent/Guardian Information:

Name: _____

Address (if different from above): _____

Phone number (if different from above): _____

Class(es) Requested – Please indicate your preferred session choice.

***** Our Cart Instructor will contact you to schedule your session with available dates and times.**

Cart times are evening times starting at 5:30. Each night rider will have a ½ hour class.

Spring Cart: Cart Instructor will contact you with available dates 6 weeks	Preferred time: _____	\$210
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Summer Cart: Cart Instructor will contact you with available dates 6 weeks	Preferred time: _____	\$210
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Fall Cart: Cart Instructor will contact you with available dates 6 weeks	Preferred time: _____	\$210
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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: _____ Phone: _____

_____ **Scholarship:** A limited amount of scholarship money is available for income eligible clients. If you would like to apply for scholarship money, please send copies of income statements with application. Income verification is required.

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!

Signature of Parent/Guardian: _____ Date: _____