

## VARHA Cart Class Registration Form 2024

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 VARHA Staff will contact you to schedule your session with available dates and times once registration is received.**  
Cart times are evening times starting at 5:30. Each night your rider will have a ½ hour class.

**CART Sessions available: Spring, Summer, and Fall (starting in mid-June), each runs 6 weeks.**

**\$210**

Preferred Session: \_\_\_\_\_ Spring \_\_\_\_\_ Summer \_\_\_\_\_ Fall  
6 weeks

Preferred Time: \_\_\_\_\_ 5:30PM \_\_\_\_\_ 6:00PM \_\_\_\_\_ 6:30PM

**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 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!**

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_