VARHA Therapeutic Tack & Ride Registration Form 2023

Rider Name:	Date of birth:		
Address:			
Phone Number:	E-mail address:		
Does rider have a documented specia	al 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 abo	ve):		
filled. The class rosters will be set tw	o weeks before first date of each sess	you wish to ride in with a "1" & "2", in sion. You will be notified if your rider is Please note preferred time if applicable	on the roster.
Preseason, Wednesday evenings: Ap	oril 5, 12, 19, 26, and May 3	Preferred time:	\$200
Spring, Wednesday evenings: May 1	7, 24, 31, and June 7, 14, 21	Preferred time:	\$240
Summer, Wednesday evenings: July	12, 19, 26, and Aug. 2, 9, 16	Preferred time:	\$240
Fall, Wednesday evenings: Aug. 30, a	and Sept. 6, 13, 20, 27 and Oct. 4	Preferred time:	\$240
Method of Payment Section MUST be	filled out in order for us to process yo	ur registration! Leaving it blank will res	ult 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: _____