

## Maryland Therapeutic Riding, Inc.

### Spring Mini 2008 Therapeutic Riding Scheduling Procedures

Thank you for your interest in the Spring Mini Session of Therapeutic Riding. Please take a moment to read the following:

1. This form is for Therapeutic Riders only. **Clients in the Hippotherapy Program should contact their therapists directly to confirm their Spring 2008 schedule.**
2. The riding class schedule is based on the availability of our VOLUNTEER INSTRUCTORS, LEADERS, and SIDEWALKERS and therefore may change from one session to the next.
3. If scheduling does not allow for an individual riding time, we will group riders together based on age, riding ability, and riding goals.
4. We make every effort to make lessons available to as many riders as possible, but will not compromise the safety or quality of our program to do so.
5. In order for your Scheduling Request Form to be considered and for a riding slot to be reserved for you, the following items must be on file at MTR:
  - a. Annual Registration Forms – completed in full
  - b. Scheduling Request Form – completed in full
  - c. Annual Registration Fee and Session Fee – paid in full
6. Please have your Scheduling Request Form into our office no later than 4 p.m. on Friday, May 9<sup>th</sup> as we will begin forming lesson groups and assigning riding times that day.
7. We will contact you between Monday, May 12<sup>th</sup> and Friday, May 16<sup>th</sup> to inform you of your assigned riding time.
8. We will do our best to accommodate all requests, but if we are unable to do so, we will place your name on a waiting list and will contact you during the session if a slot becomes available.

Phone: (410) 923-1187 Fax: (410) 923-1432

**Spring Mini 2008  
Therapeutic Riding Scheduling Request Form**

Rider's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_

Please place a check mark in the first column to indicate your selection. Please help us make our services available to as many riders as possible by giving us as much flexibility as possible for scheduling. We anticipate that Saturday slots will be the most in demand, so we appreciate your help in considering signing up for a weekday or weeknight.

| Check here for availability | Days/Times                           | Dates                                    | Number of Lessons/ Session Fee |
|-----------------------------|--------------------------------------|--|--------------------------------|
|                             | TUESDAY a.m. between 10:00 and 12:00 | 5/20, 5/27, 6/3, 6/10<br>Make-up on 6/17 | 4 lessons<br>\$240             |
|                             | TUESDAY p.m. between 4:00 and 7:00   | 5/20, 5/27, 6/3, 6/10<br>Make-up on 6/17 | 4 lessons<br>\$240             |
|                             | WEDNESDAY p.m. between 4:00 and 7:00 | 5/21, 5/28, 6/4, 6/11<br>Make-up on 6/18 | 4 lessons<br>\$240             |
|                             | THURSDAY a.m. between 9:00 and 12:00 | 5/22, 5/29, 6/5, 6/12<br>Make-up on 6/19 | 4 lessons<br>\$240             |
|                             | THURSDAY p.m. at 6:00                | 5/22, 5/29, 6/5, 6/12<br>Make-up on 6/19 | 4 lessons<br>\$240             |
|                             | SATURDAY a.m. between 9:00 and 12:00 | 5/24, 5/31, 6/7, 6/14<br>Make-up on 6/21 | 4 lessons<br>\$240             |

**Annual Registration Fee**      \$50 (if not already paid)      \_\_\_\_\_  
**Weekday Session Fee**      \$240      \_\_\_\_\_

Subtotal      \_\_\_\_\_  
 Minus Scholarship or Credit      \_\_\_\_\_ (if applicable)  
 Total Enclosed      \_\_\_\_\_

Visa or MasterCard (please circle)  
 Name: \_\_\_\_\_ Card #: \_\_\_\_\_ Expiration Date: \_\_/\_\_/\_\_  
 Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_ Amt. Charged \$ \_\_\_\_\_  
 Check # \_\_\_\_\_ enclosed in the amount of \$ \_\_\_\_\_

**Please return this form by mail or fax with your payment.  
 If paying by credit card you may call the office to complete your scheduling request over the phone.**