



**THERAPEUTIC
HORSEMANSHIP**

2010 PROGRAM CLASS SELECTION FORM
Please return this section with all other 2010 forms

Rider Name _____

Type of lesson
(Check one)

Day choice
(Circle One)

- | | |
|---|-----------------------------------|
| <input type="checkbox"/> Hippotherapy | Mon, Tues, Wed, Thurs, Sat or Sun |
| <input type="checkbox"/> Sports Riding Therapy | Wed, Thursday, Fri, Sat, or Sun |
| <input type="checkbox"/> Equine Exp. Learning | Mon |
| <input type="checkbox"/> Progressive Riding | Tues |
| <input type="checkbox"/> Carriage Driving | Friday evenings |
| <input type="checkbox"/> Gaitway Riding Lessons | Contact Office |
| <input type="checkbox"/> Private Sports Lessons | Contact Office |

Please check the months you/your child will be riding. This MUST be checked for scheduling purposes.

Jan Feb March April May June July Aug Sept Oct Nov Dec

Riding Time Choices: 1st _____ 2nd _____ 3rd _____

If you know you/your child will be absent on a specific date, please let us know now: _____