



Date received at CKRH: _____

2016 SESSION 3 LESSON REQUEST

THIS ONE PAGE FORM MUST BE POST MARKED BY: **July 1st 2016**

***The lesson request form is for planning purposes only!! All lesson slots will be filled on a first come first serve basis.**

****Only new students need to complete a full medical registration packet along with this form.**

Payment in full by August 5, 2016

Session Dates for Therapeutic Riding: Saturday August 13 – Monday October 24

Therapeutic riding & horsemanship lessons will be offered :

Cost for this 10 week session is \$300.00. (One lesson per week.)

private lessons: {
Mon 3:30-5:00 (class end time)
Tues 1:00-5:00 (class end time)
Wed 1:00-5:00 (class end time)
Thur 1:00-5:00 (class end time)

Group Lessons: {
Mon 6:00 to 7:00 (class end time)
7:15 to 8:15 (class end time) Tentatively
Tues 6:00 to 7:00 (class end time)
7:15 to 8:15 (class end time) Tentatively
Sat 10:00 to 2:00 (class end time) Tentatively

Session Dates for Therapeutic Driving: Monday September 12 – Monday October 24

Cost for this 7 week session is \$210.00 (One lesson per week.)

Driving Lessons : Mon 9:00am - 3:30pm

This is a "TENATIVE" schedule (subject to change anytime). A set schedule will be determined **after** all volunteer and participant availability is completed.

Please enroll _____ Phone: _____

Email: _____
(Please print clearly)

Please write three possible time & days you are available to participate.

1st Option: _____

2nd Option: _____

3rd Option: _____