



Lesson Interest Form
Please complete and mail original to:
CTR
P.O. Box 475
Abingdon, MD 21009

Name: _____

Street Address: _____

City/State/Zip: _____

Home Phone: _____ Work Phone: _____

Cell: _____ Email: _____

Rider's Name: _____

Birthdate: _____ Height: _____ Weight: _____

Diagnosis & Health Symptoms: _____

Medications: _____

Allergies: _____

Mobility Status: _____ Independent _____ Needs Assistance _____ Dependent

Equipment: _____

Describe any past experience with therapeutic riding or horses: _____

Availability: (Weekday morning/afternoon/evening. Saturdays. Please be specific with hours.)

Are you available now? **Y/N** If no, when? _____

Will you be seeking financial assistance? **Y/N** If yes, what source? _____

Lessons are \$300 for each 5 week session.

How did you hear about CTR? _____

Printed Name: _____ Date: _____

Signature: _____

Thank you! We will contact you once your form has been received.