



**Lesson Interest Form**  
*Please complete and mail original to:*  
**CTR**  
**1136 Priestford Road**  
**Street, MD 21154**

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 \$65 per lesson; price increase to \$70 per lesson effective 7/1/2026)*

How did you hear about CTR? \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

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