

# Raemelton Therapeutic Equestrian Center

## New Therapy Student Application

RTEC Staff Only

Year \_\_\_\_\_

Advancement \_\_\_\_\_

Group Placement: \_\_\_\_\_

Day & Time:

Sp -

Su -

F -

Payment:

Invoice #:

### STUDENT INFORMATION

\_\_\_\_\_  
Last First Middle

\_\_\_\_\_  
Street Address City Zip

(\_\_\_\_) \_\_\_\_\_  
Home Phone Birth Date Last 4 digits SS#

Sex (circle one): Male Female

Emergency Contact Name \_\_\_\_\_ Phone number \_\_\_\_\_

### PREVIOUS RIDING EXPERIENCE

Has the Student participating in therapy riding before? \_\_\_ Yes \_\_\_ No

If Yes, where? \_\_\_\_\_

### PROGRAM SELECTION (check one)

\_\_\_ Therapy Riding \_\_\_ Therapy Driving

### SESSION (check one)

\_\_\_ Spring \_\_\_ Summer \_\_\_ Fall

### PAYMENT OPTIONS

\_\_\_ **OPTION 1: Full Session Payment** (check one)

\_\_\_ Therapy Riding \$275.00

\_\_\_ Therapy Driving \$375.00

\_\_\_ **OPTION 2: Three Equal Payments**

(First payment due prior to the start of session – remaining due on the 4th and 8th class)

\_\_\_ Therapy Riding \$91.67, \$91.67, \$91.66

\_\_\_ Therapy Driving \$125, \$125, \$125

\_\_\_ **OPTION 4: Rider Scholarship**

(Acceptance of full or partial scholarships are based on the Review Committee approval of the Scholarship Application)

***Please complete both sides***