

Raemelton Therapeutic Equestrian Center

Returning 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

Previous RTEC Instructor _____

Number of years riding at RTEC _____

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