

A New Dawn Therapeutic Riding Program

1164 Blattdahl Road * Mohrsville, PA 19541 * 610-655-5271

REGISTRATION FORM

Student: _____

Date of Birth: _____ Age: _____

Address: _____
(Street Address, City, State, Zip)

Home Phone: _____ Cell Phone: _____

Email: _____

Parent, Spouse, Guardian: _____

Occupation: _____

Relationship: _____ Phone: _____

Address: _____
(Street Address, City, State, Zip)

Please Specify Student's Disability: _____

School or Institution Presently Attending: _____

Applicant's Availability for Therapy/Riding Sessions

<i>Time(s) Available</i>	<i>Time(s) Available</i>
Sunday _____	Thursday _____
Monday _____	Friday _____
Tuesday _____	Saturday _____
Wednesday _____	

Note: Is rider over 21, legally competent and able to sign for him/herself?
If rider is not over 21, not legally competent and is unable to sign for him/herself, all of the attached forms must be signed by a parent/legal guardian and not the rider.
Please double check the attached forms to be sure that all required signatures are completed.

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