



Lesson Interest Form

Please complete and mail original to:
Chesapeake Therapeutic Riding
P.O. Box 475
Abingdon, MD 21009

Date: _____

Name: _____

Home Phone: _____

Address: _____

Cell phone: _____

Work phone: _____

E-mail: _____

Other phone: _____

Rider's name: _____

Birthdate: _____

Height: _____ Weight: _____

How did you learn about CTR? _____

Diagnosis and Health Synopsis: _____

Medications: _____

Allergies: _____

Mobility Status: Independent _____ Dependent _____ Needs assistance _____ equipment: _____

Prior involvement/experiences with therapeutic riding or equine assisted activities: _____

Current availability: (weekday morning/afternoon/evening, Saturdays; Please be specific with hours)

PLEASE COMPLETE PAGE 2 OF THIS FORM LOCATED ON THE BACK

Are you available now? _____ If not, when? _____

Will you be seeking scholarship funds through the Ridership Fund? _____ No _____ Yes

If yes, please indicate how much: _____
(Lessons are \$60 per lesson)

Additional Information:

Availability

	Morning hours		Afternoon hours		Evening hours	
Example:						
Tuesday	9:00 – 11:00					
Wednesday			1:30 – 4:30			
Friday					5:00 – 8:00	
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
Sunday						

CTR is seeking to build a therapeutic riding program based on your input.

Submission of this form is not a guarantee for lessons. CTR is gathering information in order to put together an efficient and well managed program.

Completion of this form does not commit you to a schedule. We are simply trying to get a feel for who is available and when. A more extensive questionnaire will be completed in order to confirm rider history, lesson dates and times. Should you partake in the program, your availability will be confirmed each session and is subject to change due to rider availability, schedule changes, weather, etc.