



T.E.A.D. Equestrian Association for the Disabled

8360 Leeming Road East, RR #3, Mount Hope, Ontario L0R 1W0

Email: troton@tead.on.ca Phone: 905-679-8323 ext. 226

Fall 2017 THERAPEUTIC RIDING REGISTRATION AND PAYMENT FORM

Rider: \_\_\_\_\_ Parent/Caregiver \_\_\_\_\_

	<u>Start</u>	<u>Finish</u>	<u>Time am/pm</u>	<u>Group</u>	<u>Semi/Private</u>	<u>Total \$</u>
Fridays	Sep 15	Nov 24	_____	_____	_____	\$ _____

**FEES: Friday riders (11 weeks) Group \$440.00 Private/Semi Private \$462.00**

**Membership fees: Single \$10.00 Family \$15.00 (due annually in the first session you ride in)**

**CanTRA rider fee \$5.00 per rider**

-Fully completed registration forms and full payment must be received together before we can confirm registration.

-A family discount of 10% will be applied to a 2<sup>nd</sup> or 3<sup>rd</sup> family member riding in the same session.

-A minimum \$50.00 deposit (plus, where applicable, membership (\$10 or \$15) and CanTRA rider (\$5) fees) is required per rider & is due by Thursday August 3rd, 2017

-Balance of payment must also be received by August 3rd in the form of one full payment dated August 3rd, 2017 or split into two payments, one dated August 3rd, and the second dated September 3rd, 2017.

<b>Total amount due</b>	<b>Lesson fees</b>	\$ _____
	<b>Membership</b>	\$ _____
	<b>CanTRA fee</b>	\$ _____
	<b>Less family discount if applicable (-10%)</b>	\$ _____
	<b>Grand Total</b>	\$ _____

**Payment by mail:** cheque  money order  visa  mastercard  amex

**Payments by email, fax or phone:** visa  mastercard  amex

Name on credit card: \_\_\_\_\_

Card Number \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Expiry date \_\_\_\_\_ / \_\_\_\_\_

Card holder's signature: \_\_\_\_\_ Phone: \_\_\_\_\_

**To pay by cash or debit, we will be pleased to receive your registration forms and payments in person at TEAD on Tuesday August 15<sup>th</sup> from 10.30am to 12.00noon or 4.30pm to 6.30pm ONLY**

For office use only

Date paid: \_\_\_\_\_ Method: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Received by: \_\_\_\_\_

Entered on schedule: \_\_\_\_\_ Copy in binder: \_\_\_\_\_ Balance due: \$ \_\_\_\_\_

Copy to KCM \_\_\_\_\_ Receipt issued: \_\_\_\_\_ Sent by mail / hand delivered: \_\_\_\_\_