



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

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

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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>
Saturday	Sep 16	Nov 25	_____	_____	_____	\$ _____

FEES: Saturday 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 2nd or 3rd 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.

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

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 15th 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: _____