Manes & Motions

Therapeutic Riding Center, Inc.

A Member of the Hospital For Special Care Community

Fall Registration and Payment Form

Fall Semester: September 1 – October 24, 2009

Make-up Week: October 27 –October 31, 2009

Semester Fee: $336. per Rider

****PLEASE NOTE OUR FALL SEMESTER WILL RUN TUESDAY THROUGH SATURDAY**

We now accept Master Card & Visa

There will be a $20. fee for any returned checks.

A $100 deposit is due by July 15, 2009 in order to hold the current rider's program spot. The balance is due by August 25, 2009. ***Registrations and deposits received after July 15th will be taken on a first come first serve basis, as we have a limited number of openings and over 20 participants on our wait list. It will not be assumed that a former rider will be returning, all riders must return this registration form with a deposit.***

Participant Cancellation Policy:

If participant cancels before the first session of the semester, course fee will be refunded minus a $30 administrative fee. If participant cancels after the first session of the semester, ½ the course fee will be refunded. If participant cancels after the second session of the semester, no refund will be made.

Manes & Motions Credit Policy:

If Manes & Motions cancels a session for any reason, every effort will be made to schedule a make-up session. If no make-up can be arranged, Manes & Motions will issue a credit. *Credits can be used to pay for future program fees or can be used towards the purchase of M&M merchandise.*

Please return the bottom portion of this form with your payment to:

Manes & Motions
2150 Corbin Ave.
New Britain, CT 06053 860-685-0008

Please enroll _____ for the Fall 2009 semester at Manes & Motions.

Email: _____(Our newsletter will only be sent by email in 2009)

I wish to pay: _____ $100.00 deposit. **Deposit due by July 15, 2009** (**balance due by August 25, 2009**)
_____ $336 – full semester payment

Payment Options:
□ Cash
□ Check/Money Order # _____
□ MasterCard / Visa (circle one)

Card # _____ Exp. Date: _____ CV code _____
Cardholder – Name: _____
Address: _____
Phone: _____
Signature: _____

Please rate your 1st, 2nd and 3rd choice for ride *days* and *times.* ***All Lessons start on the hour.***

_____Tuesday:	time _____	time _____	time _____
_____Wednesday:	time _____	time _____	time _____
_____ Thursday:	time _____	time _____	time _____
_____ Friday:	time _____	time _____	time _____
_____Saturday:	time _____	time _____	time _____

874 Millbrook Road Middletown, CT 06457 manesandmotions1@yahoo.com