

Manes & Motions

Therapeutic Riding Center, Inc.

A Member of the Hospital For Special Care Community

Spring Registration and Payment Form

Spring Semester: April 20, 2010 - June 12, 2010

Make-up Week: June 15, 2010 - June 19, 2010

Semester Fee: \$336. per Rider

****PLEASE NOTE OUR SPRING SEMESTER RUNS TUESDAYS THROUGH SATURDAYS**

We now accept Master Card & Visa

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

A \$100 deposit is due by February 26, 2010 in order to hold the current rider's program spot. The balance is due by April 9, 2010. *Registrations and deposits received after February 26 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 two weeks 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, 1/2 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

manes&motions@hfsc.org

Please enroll _____ for the Spring 2010 semester at Manes & Motions.

Email: _____ (Our newsletter and registration forms will only be sent by email in 2010)

I wish to pay: _____ \$100.00 deposit. **Deposit due by February 26, 2010 (balance due by April 9, 2010)**
_____ \$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 _____