

REGISTRATION FORM GREENLOCK TRC COURSE REGISTRATION FORM

Name: _____

Address: Street _____

City _____ State _____ Zip _____

Home Phone: _____ Work Phone: _____

Email Address: _____

Horsemanship skills: _____

Height: _____ Weight: _____

Profession: PT _____ OT _____ SLP _____ Other _____

Indicate Years of Experience in each:

Pediatrics: _____ Rehabilitation: _____ Therapeutic Riding: _____

Hippotherapy: _____ Manual Therapy: _____ Other: _____

What do you hope to accomplish at this course? _____

Proof of Level I Courses (# attached): _____ Certificate copy of Equine

Level I (or Equine Level 1 waiver form) & Treatment Principles Level I

Arriving by: Auto: _____ Plane: _____ Airline: _____

Flight #: _____ Day: _____ -- Time: _____

Lunch is included each day. Vegetarian please _____

Checks to be made payable to:

Greenlock Therapeutic Riding Center, Inc.

___ Level 1 Equine Skills \$250.00 May 20-21, 2010

___ Level 1 Treatment Principles \$400.00 May 21-23, 2010

___ Level 2 Equine Skills \$350.00 Nov 4-5, 2010

___ Level 2 Treatment Principles \$350.00 Nov 5-7, 2010

Please send this form, along with your check or money order to:

Greenlock Therapeutic Riding Center, Inc., 55 Summer Street, Rehoboth, MA 02769

Telephone: (508) 252-5814

