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WILLOW CREEK RANCH, INC.
Therapeutic Riding Center



2012 Application
Session 1 – 4

Participant Name: _____ **DOB:** _____

Parent/Guardian Name: _____ **Relationship:** _____

Phone number to reach you at in the event of lesson cancellation? _____

Please indicate if you are you are registering for:

_____ **Session 1:** April 23 – May 31 – 5 weeks, *cost: \$125.00*

April 24, 25, 26

May 1, 2, 3

May 8, 9, 10

With May 15, 16, 17 off for any make-up lessons due to weather

May 22, 23, 24

May 29, 30, 31

With June 5, 6, 7 off for any make-up lessons due to weather

_____ **Session 2:** June 11 – August 3, 2012 – 6 weeks, *cost: \$150.00*

June 12, 13, 14

June 19, 20, 21

June 26, 27, 28

With July 3, 5 off for any make-up lessons due to weather

July 10, 11, 12

July 17, 18, 19

Week July 23 off –

July 31, August 1, 2

With August 7, 8, 9 off for any make-up lessons due to weather

_____ **Session 3:** August 13 – September 14, 2012 – 5 weeks, *cost: \$125.00*

August 14, 15, 16 ** 3rd Annual West 20 Horse Show Fund raiser 8/19/12

August 21, 22, 23

August 28, 29, 30

September 4, 5, 6

September 11, 12, 13

With September 18, 19, 20 off for any make-up lessons due to weather



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_____ **Session 4:** September 24 – October 19, 2012 – 4 weeks, *cost: \$100.00*

September 25, 26, 27

October 2, 3, 4

October 9, 10, 11

October 16, 17, 18

With October 23, 24, 25 off for any make-up lessons due to weather

Classes are offered on Tuesday, Wednesday, and Thursday evenings at 4:30pm, 5:30pm, and 6:30pm;
Contact Jennifer Pape (jennifer.pape@yahoo.com) or **414-791-2509** as soon as possible with your day and time preference.

I have received, read and understand the Willow Creek Ranch lesson policies. I have enclosed my payment with this Application or have set up a payment plan.

Parent or Guardian Signature

Date

Checklist:

_____ 2012 WCR Application

_____ Physician's Release Medical History Form

_____ Participant Registration & Release Form

_____ Emergency Form for Participants

_____ ½ Payment Amount Enclosed

_____ Full Payment Amount Enclosed

_____ Payment Plan Option as discussed with Staff