



LOVE for Therapeutic Riding

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Tax ID 26-2965095

a faith-based, non-profit program 501 (c)(3)



RIDER Application for Fiscal Year ____ Session See schedule on last page

***Fees & Paperwork due three weeks before each session**

RIDER: _____

DOB: _____ Age: _____ Height: _____ Weight: _____ Gender: M F

Address: _____

Phone: _____ Cell _____

Email _____ Web site _____

Employer/School: _____

Address: _____

Phone: _____

Parent/Legal Guardian: _____

Address (if Different from above): _____

Phone: _____

Referral Source: _____

Phone: _____

How did you hear about the program? _____

RIDER Photo Release

I _____ do _____ do not consent to and authorize the use and reproduction by LOVE for Therapeutic Riding of any and all photographs and any other audio/visual materials taken for promotional material, education activities, exhibitions or for any other use for the benefit of the program.

Signature _____ Date: _____
Client, Parent or Legal Guardian