



TROT
Therapeutic Riding Of Tri-Cities

RIDER REGISTRATION

Returning riders or those who have completed the Participant Packet may sign up for the best time/day that fits your schedule based on your top three choices, we will then do our best to accommodate you!

RIDER'S NAME: _____ AGE: _____

ADDRESS: _____

PHONE: Cell: _____ Home: _____ Other: _____

EMAIL: _____

Spring 2018 Session (6 weeks) April 24rd-June 2nd

Please indicate **“1st, 2nd, and 3rd”**

Availability	Tuesday	Wednesday	Thursday	Friday		Saturday
4:30pm					10:00am	
5:30pm					11:00am	
					1:30pm	
					2:30pm	

Sessions are 6-weeks with 45 minute classes. Financial aid scholarships are available to offset the cost of \$195. Fees must be paid in full by April 1st or sooner to secure a slot.

_____ I will pay in full by April 1st or sooner via:

- _____ Check/Cash
- _____ Credit Card ([Website](#))

_____ I will be applying for financial aid ([Website](#))

_____ I will be contacting my case manager to use DSHS funding

Rider's T-shirt size: _____ Small _____ Medium _____ Large _____ X-Large

6208 Argent Road, Pasco, WA 99301 * 509-412-0112
Website: www.trot3cities.org * Email: info@trot3cities.org