BANBURY CROSS THERAPEUTIC EQUESTRIAN CENTER

REGISTRATION FORM - SPRING 2020

Participant's Name:			
Street Address:		City	Zip
Parent/Guardian's Name (if	participant is under 18 or no	t legally responsible)	
Best Weekly Contact Numb	est Weekly Contact Number (ie. Cancel class): Other Numbers:		
E-mail address:			
Registration paperwork and Year round riders get priorit committed to scheduling list if deadline is passed. ** Please note: We work had costs Banbury Cross TEC \$	fee are due by Saturday, Fey, then existing riders, then nappropriate lessons, we winderd to keep our riders' fees as	8 weeks long. The session costs bruary 8. Ride times will be assigned ew riders. Due to increased registrated in the longer accept late paperwork are affordable as possible for our participates services. If you would like to make a contract of the services of the longer accept.	on a first come, first serve basis. ion numbers, and time and riders will be placed on waiting ants and their families. It actually
Wednesday Thursday Saturday Private classes are availa Class Times (Please incour utmost to accomm		::45 7:45 , 11:45, 12:30, 1:15	
<u>selection).</u> 1	2	3	
		or phone of class assignment by	
**Reminders: Please arrive	-	eduled class time. If you arrive more tha	-
the session begins, and we ARE Nobegins and we ARE able to fill you begun, we will be unable to refund I agree to the terms of regis	pant's registration fee and the partic NOT able to fill your spot with another our space with another participant, y any of the class deposit. stration and cancellation.	S OF CANCELLATION sipant is scheduled for classes, the policy for can be participant, you will be refunded 1/2 of the class you will be refunded the full class deposit. If you sponsible)	ss deposit. If you cancel before the session by cancel at any time after the session has
Signature of parent	/guardian (if participant is und	der 18 or not legally responsible)	
Method of payment (Please	do not mail cash.)		
~Cash/Check payable to Ba	anbury Cross in the amount o	f \$ BC Staff Only: Ck #:	_ Date:Initials:
~VisaMaster Card	_in the amount of \$	BC Staff Only: Processed Date:	Initials:
Credit Card Number		Expiration Date	
CSC code (back of card)	Card Holder's	Signature	

Mail all enclosed forms and session fee to: