

Show Team Y N

Regular Class Y N

# Whispers of Hope Horse Farm

## Rider Session Application & Class Choices

Please circle if participate

SUBMIT DATE: \_\_\_\_\_

Rider Name: \_\_\_\_\_

(please print)

Age: \_\_\_\_\_

First App \_\_\_ Returner \_\_\_

Parents or Guardian \_\_\_\_\_

Address: \_\_\_\_\_

Street, city, State, zip code

PHONE: \_\_\_\_\_

cell or most easy to reach

These times do not necessarily reflect the actual class schedule. From the list of times provided below please mark a "B" **Best Time** and an "A" **Alternate Time**.

We will do our best to give you your chosen time.

Tuesday	Wednesday	Thursday	Friday	Saturday
Challenged Riders times only	<b>Adult Riding lessons Only</b>	Challenged Riders	Wounded Soldiers	8:30-10:00 F/W/C 11:00 - 12:00 \$10 ride
___ 3:30 pm	Private Show	___ 10:00am		
___ 4:00 pm	Team Lessons	___ 10:30am	Private Riding	Horse Shows 2nd Saturday April thru November
___ 4:30 pm	JRJV & Beg Rider	___ 11:00am		<b>12:30/1:30 Lunch</b>
___ 5:00 pm	w/ SHOW DIRECTOR	___ 3:30pm	Jr. Vol	1:30 to 4:00
___ 5:30 pm	Mary Elizabeth	___ 4:00pm	Show Team	By Special Schedule
___ 6:00 pm	not on site.	___ 4:30pm	PRL	BP, TR, Special Events
		___ 5:00pm		4:00/4:30 Feed, water
		___ 5:30pm		
		___ 6:00pm		

### RIDER PROFILE:

Has Child ridden with Whispers of Hope before?

Has Child ridden with another therapeutic riding program?

Yes\_\_\_ No\_\_\_

Child's Diagnosis &/or issues: \_\_\_\_\_

I/My child is: ambulatory\_\_\_ non-ambulatory\_\_\_ Verbal\_\_\_ non-verbal\_\_\_

I/My child uses: wheelchair\_\_\_ crutches\_\_\_ walker\_\_\_ cane\_\_\_ none\_\_\_

I am/My child sits independently: Yes\_\_\_ assistance needed:\_\_\_\_\_

Additional Comments: \_\_\_\_\_

Mail to:

Whispers of Hope Horse Farm  
Rider Registration  
3545 Parkhills Rd.  
Wichita Falls, Tx 76310

For more information contact  
**Rider Coordinator: Jan Clapp**  
**Office Phone (940) 696-8044**  
Jan Clapp cell 940-782-1234  
Mary Elizabeth Pearce cell - 631-4264

Office Only:

**Application Complete:**\_\_\_ MUST HAVE ALL FORMS TO PARTICIPATE

Date Received \_\_\_\_\_ \_\_\_Registration/Release \_\_\_Emergency Medical form \_\_\_Rider Appl.

Check #: \_\_\_ Check Amount: \_\_\_\_\_

