

RHYTHM OF THE REIN THERAPEUTIC RIDING & DRIVING PROGRAM



PO Box 86, Waterbury Center VT 05677. 388 US Rt.2 Marshfield, Vt. 05658
802 426 3781 info@rhythmoftherein.org

PARTICIPANT PAYMENT AND SCHEDULING PLAN

Fees are \$100.00 per individual, contract for groups, payable to Rhythm of the Rein

Name of Participant _____

Name of Parent or Guardian (if applicable) _____

Daytime phone _____ evening phone _____

THESE SESSIONS WILL BE PAID BY (check all that apply)

- Direct Pay ___per session _____monthly
- Direct Pay: send invoice to: _____
Mailing address _____

- Third Party: I have contacted the party below and have approval.
To verify and arrange for payment please contact:
Agency/School: _____
Contact Name _____
Phone number _____
Mailing Address _____

SCHEDULING INFORMATION

Age _____ Weight _____ Height _____

Please indicate days and times you are **not** available. The more flexibility you have the easier it will be to schedule your sessions. Sessions run from 45 min to an hour.

Days unavailable _____