



SPIRIT

OPEN EQUESTRIAN PROGRAM INC.

### Program Registration Form (for group)

Name of organization \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone contact(s) I \_\_\_\_\_ II \_\_\_\_\_ III \_\_\_\_\_

Email \_\_\_\_\_

Printed names of legal representatives team leaders, teachers, educators, parents, any adult people accompanying group and function...

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

What are your goals for participating in SPIRIT Open Equestrian Program?

- Improving self esteem
- Improving trunk stability, muscular tone, posture, motor skills...
- Improving emotional, mental and/or social, skills and/or attitude
- Experience in interaction with people with dissability
- Knowledge about natural horseman ship
- Knowledge about human abilities
- Equestrian skills
- Team work , community service
- Something else (use space below to describe, please)

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Please, attach to this document list of full names and ages of all group members, and signed forms of liability release for each of them.

Date: \_\_\_\_\_

Printed name, title and signature of legal representative of organization:

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We wish you a good time and nice experience pariticipating in our program!  
SPIRIT OEP inc.

By checking here, you are consenting to the use of your electronic signature in lieu of an original signature on paper. You have the right to request that you sign a paper copy instead. By checking here, you are waiving that right. After consent, you may, upon written request to us, obtain a paper copy of an electronic record.