



PAYMENT INFORMATION FORM

Participant Name _____

Name of Payee _____

***Please note – if a company or grant has awarded funds, Parent/Caregiver is liable for unpaid services rendered. Payment is required before session.**

Phone Number of Payee _____

Billing Address _____

(Other payers may include, but is not limited to: Church, Grandparents, Juniata River Center, M/J Special Needs Center, Tuscarora Intermediate Unit, CSIU, SUM Child Development, grants, etc)

“Trail Blazers” Therapeutic Riding Program 2009 Fees

\$30 – Registration Fee (Due prior to 1st Session)

\$30 – Insurance Fee (Due prior to 2nd Session)

\$30 – Per Session (Due prior to each Session rendered)

The fees we collect from our participants account for only one-third of our operation budget. While we would like to have donations and fun raising events cover all of our expenses, so that we would not have to charge participants, that simply is not a reality. However, we are committed to providing services to as many participants as we can who will benefit from our programs. If you are unable to pay this fee, we ask you to fill out a Financial Assistance Request form and indicate below the amount you will be able to pay per session. The Board of Directors will consider all requests according to policy and availability of funds.

Please Choose Payment Schedule

_____ \$60 @ 1st Session – Registration and session fees

_____ \$60 @ 2nd Session – Insurance and Session fees

_____ \$30 @ all following sessions – Session fee

_____ Pay Monthly in advance, \$120 (4 weeks), plus \$60 one time/year fee.

_____ Make one payment for the Spring \$450 (13 weeks) or Fall \$360 (10 weeks)

_____ Currently unable to pay full weekly fee. Please indicate the amount you will be able to pay and fill out our Financial Assistance Request Form.

I agree to pay the above stated amount prior to each session. I acknowledge if I do not cancel within 12 hours notice of scheduled session, my account will be charged \$15. I acknowledge if I do not pay prior to session, my account will be charged \$15.

Payee Signature _____ Date _____