

Field Trip Registration Form

Each participant will need to fill out a Consent, Release and Waiver form.

Each teacher/group representative will complete this form and mail it in with a \$50 deposit to hold your reservation.

FACILITY/ GROUP NAME _____ TEACHER _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

CONTACT NUMBER _____ EMAIL _____

NUMBER OF STUDENTS PARTICIPATING _____ DATE PARTICIPATING _____

ALLERGIES OR ANY SPECIAL NEEDS / INSTUCTIONS THAT WE SHOULD KNOW ABOUT?

I have attached a \$50 deposit to reserve our registration for the date stated above. I understand that the remainder balance, \$10 per participant minus the \$50 deposit, and all consent forms are due upon arrival.

SIGNATURE _____ TODAY'S DATE _____



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We strive to provide a comprehensive therapeutic equine program utilizing horses to facilitate growth, learning, and healing. Our population includes children and adults with mental, physical, emotional, and functional disabilities.