



Registration Application

CONTACT NAME _____

ADDRESS (if different) _____

CITY _____ PROV _____ POSTAL CODE _____

TELEPHONE: _____ FAX: _____

E-MAIL ADDRESS: _____

PARENT/GUARDIAN CONTACT

NAME: _____ PHONE: _____

EMAIL: _____

Program or Clinic Applying For:

Authorized Signature

Please forward registration application to:

Keen Ridge Equine Center

EMAIL: admin@keenridge.com

P.O. Box 33, Manitou MB, R0G-1G0

phone: (204) 246-2212 / 242-2101

Commitment/Payment Requirements:

Due to the success of Equine-Assisted Learning, programs have been overwhelmingly embraced by the community. In order for us to appropriately plan for staff, horses, equipment and materials required to ensure overall success, a commitment is needed as soon as possible. All others will be put on a waiting list.

Payment is due in full for each enrolled youth on the first day of each month unless other arrangements have been made in advance.

A program expansion effort is currently underway to accommodate future enrollment demands.

Thank you.