



## Session Renewal Form

Student's Name: \_\_\_\_\_

Session: \_\_\_\_\_

Class Preference (Day and Time) \_\_\_\_\_

Please provide any undated information such as changes in medication, recent injuries, etc.

\_\_\_\_\_  
\_\_\_\_\_

Current Height: \_\_\_\_\_

Current Weight: \_\_\_\_\_

Parent/Caregiver Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Email: \_\_\_\_\_ Amount Enclosed: \_\_\_\_\_

### Five Week Session Fees:

Level I - \$200    Advanced - \$220

Classes fill fast. Applications must be accompanied with full fee payment in order to hold your spot in a class.

In you have any questions please call (814) 474-5276  
Or email [program@hopehorseback.org](mailto:program@hopehorseback.org)

**Return completed form to:**

**HOHB Program Director**

**PO Box 483**

**Waterford, PA 16441-0483**