



Trail Ride for the benefit of:
Circle of Hope Therapeutic Riding

www.CHTR.org

May 31 and June 1, 2008
(ALL EQUINES WELCOME)

Name: _____ Age: _____

Please complete one pre-registration form per participant

If under 18: Name of Guardian: _____

Mailing Address: _____

City/Town: _____ State: _____ Zip Code: _____

Telephone: _____ Fax: _____ Cell: _____

Email: _____

Horse name: _____ Horse Age: _____

Trailer size: _____

Fees:

**Saturday and Sunday - \$95 for Adults (2 trail rides, four meals, entertainment)
\$80 for Youth under 13 (2 trail rides, four meals, entertainment)**

**Saturday only - \$70 for Adults (1 guided trail ride, two meals, entertainment)
\$55 for Youth under 13 (1 guided trail ride, two meals, entertainment)**

**Sunday only - \$50 for Adults (includes (1 self guided trail ride and two meals)
\$35 for Youth under 13 (1 self guided trail ride and two meals)**

**Limited to 100 riders each day
Campsites available at \$8.00 per campsite**

Please make check or money order payable to and mail with pre-registration form to:

Circle of Hope Therapeutic Riding
Post Office Box 463, Barnesville, Maryland 20878
Phone: 301.916.2040 / Fax: 301.916.2656
(Please do not send cash)

Office Use Only:

Check or Money Order Number: _____

Received by: _____

Date received: _____

Amount Paid : _____