



SPIRIT

OPEN EQUESTRIAN PROGRAM INC.

## Program Registration Form (for group)

Name of organization \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone contact(s) I \_\_\_\_\_ II \_\_\_\_\_ III \_\_\_\_\_

Email \_\_\_\_\_

Printed names of legal representatives team leaders, teachers, educators, parents, any adult people accompanying group and function...

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

What are your goals for participating in SPIRIT Open Equestrian Program?

- Improving self esteem
- Improving trunk stability, muscular tone, posture, motor skills...
- Improving emotional, mental and/or social, skills and/or attitude
- Experience in interaction with people with dissability
- Knowledge about natural horseman ship
- Knowledge about human abilities
- Equestrian skills
- Team work , community service
- Something else (use space below to describe, please)

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Please, attach to this document list of full names and ages of all group members, and signed forms of liability release for each of them.

Date: \_\_\_\_\_

Printed name, title and signature of legal representative of organization:

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We wish you a good time and nice experience pariticipating in our program!  
SPIRIT OEP inc.