

11. Confirmation of Intent



**Hoofbeats Therapeutic Riding Center, Inc.**  
At the Virginia Horse Center  
P.O. Box 979, Lexington, VA 24450  
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Website: [www.hoof-beats.com](http://www.hoof-beats.com)

**CONFIRMATION OF INTENT TO PARTICIPATE IN THE  
HOOFBEATS 2017 LESSON PROGRAM**

I intend for myself/my child (name: \_\_\_\_\_) to participate in the following 8-week lesson sessions this year (please check all that apply):

SPRING: April 25 – June 17

SUMMER: June 27 – August 19

FALL: August 29 – October 21

**I have read the Hoofbeats Policies and Barn Rules and agree to the rules.**

**I have read the information in the 2017 Letter from the Program Director, and the information related to the amount and payment of required fees.**

**I understand that the Hoofbeats office must have in hand a complete set of the client's required paperwork for 2017 before the client may ride.**

**I also understand that prior to the start of each 8-week riding session in which a client wishes to participate, Hoofbeats must be in receipt of payment of fees in full. Any exception requires a special arrangement with the Hoofbeats Treasurer Ellen Pennine, in advance of the first lesson in which the client plans to ride.**

By signing this form, I agree to the terms set forth above, and I commit to participation in the program's lesson sessions I have checked above.

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_