

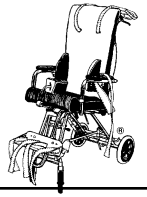


**Jamestown New Horizons Riding For The Disabled**

15350 Old Jamestown Road, Florissant, MO 63034

Phone: (314) 741-5816, Fax: (314) 741-5816

E-mail: [jnhgoneriding@charter.net](mailto:jnhgoneriding@charter.net), Web: [www.jnh-goneriding.org](http://www.jnh-goneriding.org)



*"Gone Riding"*

## Student Registration Form – 2010

Spring Session Fee Due: Feb. 14, 2010  
Summer Session Fee Due: May 14, 2010  
Fall Session Fee Due: Aug. 14, 2010

Child's Name \_\_\_\_\_ Phone \_\_\_\_\_

Weight (weight limit is 140 lbs.) \_\_\_\_\_ Height \_\_\_\_\_ Date of Birth \_\_\_\_\_

Disability \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

E-mail Address \_\_\_\_\_

Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_

**REGISTRATION FEE: \$336.48/Session \*\*\* FEE MUST BE PAID IN ADVANCE \*\*\***

(Jamestown New Horizons is a St. Louis Regional Center vendor.)

**Mail fee and forms to the Jamestown New Horizons office.**

Enclosed is check # \_\_\_\_\_ for \$ \_\_\_\_\_ made payable to Jamestown New Horizons.

MasterCard      Visa      Card Number \_\_\_\_\_

Name \_\_\_\_\_

Address (if different from above) \_\_\_\_\_

Expiration Date: Month \_\_\_\_\_ Year \_\_\_\_\_

Signature \_\_\_\_\_

Voucher (If applicant will be paying with a voucher, the JNH office must receive a "Service Authorization Document" from the St. Louis Regional Center before applicant will be considered for entry into the program.)

I wish to attend:    Session I      Session II      Session III

First choice of day and time is: \_\_\_\_\_

Second choice of day and time is: \_\_\_\_\_

Third choice of day and time is: \_\_\_\_\_

**Session I: March 1 - May 20:** Monday - Thursday at 5:30 p.m., 6:30 p.m. & 7:30 p.m.

**Session II: May 31 - Aug. 19:** Monday - Thursday at 5:30 p.m., 6:30 p.m. & 7:30 p.m.

**Session III: Aug. 30 - Nov. 26:** Monday - Thursday at 5:30 p.m., 6:30 p.m. & 7:30 p.m.