



ATS THERAPEUTIC RIDING PROGRAM PAYMENT AGREEMENT 2019

NAME _____ DATE _____

STUDENT(S) NAME _____

FOR SESSION: SPRING SUMMER FALL

LESSON TYPE: GROUP or PRIVATE

PAYMENT OPTIONS: (PLEASE CHOOSE ONE)

PAY IN FULL

The \$280 fee must be paid prior to session starting.

WEEKLY PAYMENT PLAN

(1st lesson must be paid prior to session starting. Then, \$35 will be paid at each lesson except the last. If student misses a lesson for ANY reason other than ATS cancelling (in this case a makeup lesson will be provided or a credit given), the payment must either be mailed or dropped off to ATS that week.)

2019 POLICIES: Invoices will be sent out at the earliest possible date following receipt of all required paperwork. Weekly receipts will **NOT** be written. Once the session is paid in full, a receipt will be mailed to you. This change was made to make sure instructors can completely focus on your student during their lesson and to insure there are no mistakes made. If you choose the Weekly Payment option, you will be responsible for placing your payment in a provided envelope into our locked payment box at each lesson. If for some reason the payment is not placed in the box, your student will **NOT** be able to receive their lesson the following week **AND** you will still be responsible for the payment.

By checking one of the above payment plans, you agree to carry out this action. If this is not completed, the student's lessons will either be placed on hold or cancelled all together. We are a non-profit program and the payment for lessons are a fraction of what it actually costs to hold the lessons. We appreciate your full cooperation in helping us provide you and/or your student the best possible experience at Autumn Trails Stable. (A new Payment Agreement form is needed for EACH session your student participates in.)

I understand that I am responsible for the option I have chosen above and will carry out such option to provide payment for ALL lessons in the session regardless of circumstance.

SIGNATURE

DATE

PRINTED NAME

ATS Office Use Only	
Form Received by: _____	Date: _____
<input type="checkbox"/> Group or <input type="checkbox"/> Private	Lessons: <input type="checkbox"/> #1 <input type="checkbox"/> #2 <input type="checkbox"/> #3 <input type="checkbox"/> #4 <input type="checkbox"/> #5 <input type="checkbox"/> #6 <input type="checkbox"/> #7 <input type="checkbox"/> #8
Other _____	
