



Freedom Reins Therapeutic Riding Center, Inc.

1077 N Meridian Rd. Jasper, IN 47546 (812)482-7400 freedomreinscenter.org

Date _____

Dear _____,

In order for Freedom Reins to retain record of and provide financial assistance for your rider, _____, please fill out the section below describing the reason for your need and check the appropriate boxes for your anticipated assistance requirement. Once the paper is filled out, please return it with your yearly Freedom Reins application forms.

Reason for assistance;

Duration of assistance;

- 1 session
- 2 sessions
- 3 sessions
- 4 sessions
- All Year

Assistance needed;

- 25% assistance (\$30 per session)
- 50% assistance (\$60 per session)
- 75% assistance (\$90 per session)
- 100% assistance (\$120 per session)
- Other (Explain) _____

Signature _____ Date _____

Approved By _____ Date _____