



"VISITING MINIS" MINIATURE HORSE THERAPY
PROGRAMMING CONTRACT

Organization/Institution Name: _____

Contact Person: _____ Phone #: _____

Address: _____

City: _____ State: _____ Zip: _____ Email: _____

Type of Program: Nursing Home/Hospital School/ Classroom Fair/Festival

Requested Dates/Times of Program: _____

Reoccurring programs: Weekly Bi-Weekly Monthly Bi-Monthly

Is the Visit in an Outdoor space: _____

Is the Visit in a Common space: _____

Number of Floors _____

Number Attending: _____

Age Range: _____

If Fair/Festival: # Hours requested _____

Please list any other pertinent information to help us provide the best experience for your as well as our "minis".

Costs: \$250/Non-Profits and Clinics/Centers/Facilities or \$350/ Fairs and Festivals

Payment in full is due 1 week prior to the beginning of the program.

CANCELLATION POLICY: WE REQUEST 48 HOUR NOTIFICATION FOR ALL CANCELLATIONS. FULL PAYMENT IS DUE IF CANCELLATIONS ARE NOT DONE 48 HOURS IN ADVANCE. PLEASE CONTACT OUR OFFICE TO DISCUSS ANY EXCEPTIONS TO THIS POLICY.

Signature: _____ Date: _____
(Organization/Group Representative)

Signature: _____ Date: _____
(Naples Therapeutic Riding Center Representative)

Payment Received: _____ Check _____ Cash _____ Amount \$ _____ Receipt: _____