



SCHEDULING

Client: _____

Which Session are you filling this form out for? Please circle one:

Winter I	Spring	Summer	Fall	Winter II
Approx: (Jan/Feb)	(Mar-May)	(May-Jul)	(Aug/Sep)	(Oct-Dec)

Please mark an **X** on all the days and times you **are** available. Please note: the more flexible you are the better the groups will be matched! Also, the parent, guardian, caregiver, transporter, staff, etc. that brought the participant out to the barn must stay **on-site** during the participant's lesson.

Day/Time	Monday	Tuesday	Wednesday	Thursday
9:00-10:00				
10:00-11:00				
11:00-12:00				
12:00-1:00				
1:00-2:00				
2:00-3:00				
3:00-4:00				
4:00-5:00				
5:00-5:30				
The following times are only available during the Summer Session:				
5:30-6:30				
6:30-7:30				
7:30-8:30				

Additional comments regarding scheduling: _____