



“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, biweekly, monthly etc.): \_\_\_\_\_

If Nursing Home: Outdoor space \_\_\_\_\_ #Common space \_\_\_\_\_ # floors \_\_\_\_\_

If School visit: Number Attending: \_\_\_\_\_ Age Range: \_\_\_\_\_ Price per participant: \_\_\_\_\_

If Fair/Festival: # Hours requested (up to ?? hours) \_\_\_\_\_

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

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**Costs: \$150/Non-Profits 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: \_\_\_\_\_