

PATH International Registered Instructor Certification Only

Name: _____ (Over 18: Yes No)

Address: _____

City _____ State _____ Zip Code _____

Home Phone _____ Work/Cell Phone _____

Email _____

Please register me for:

____ 2) PATH Certification

I have enclosed:

____ Check for \$300

____ Copy of PATH Instructor-In-Training letter

____ Copy of PATH workshop completion certificate

____ Copy of PATH Membership card

____ Copies of CPR and First Aid cards

Please be aware that Fieldstone Farm has a weight limit of 165 pounds for riding. Contact Fieldstone Farm for information about requesting an accommodation.

Payment Information

Please make checks payable to: Fieldstone Farm Therapeutic Riding Center

Return this form with payment to: Attn: Tonya Zimmer, Fieldstone Farm, 16497 Snyder Rd., Chagrin Falls, OH 44023

All payments subject to 60 day/100% refund - 30 day/50% refund - no refund with less than 30 days' notice. Fieldstone Farm reserves the right to cancel the certification due to health and safety concerns, lack of registrations, or unforeseen circumstances. Fieldstone will fully reimburse candidates if a cancellation occurs.

For additional information, please contact Tonya Zimmer at 440-708-0013 ex.128 or