



Please join Equest for a Therapeutic Riding Instructor workshop in Dallas, TX.

This course will run from 9am on January 24th and commence at 5pm on January 26th, 2024.



Are you interested in becoming a Certified Therapeutic Riding Instructor (CTRI)? Need CEU's? Come to Equest!

This course will be comprised of classroom discussions as well as hands on practice in the areas of equine management, disabilities, horsemanship, and instruction. You will have the opportunity to watch and participate in mock therapeutic riding lessons, advanced mounting and dismounting techniques, equine movement analysis, lesson planning, and much more!

Instruction will be provided by Advanced and Master level instructors at Equest.

- Each day will be a combination of classroom discussions and hands-on participation in the barn and arenas. Please be prepared to be outside for part of each of the days as well as sit on horses as appropriate.
- Lunch, snacks, and waters will be provided throughout the course.
- The cost is \$700 for participants and \$300 for auditors.



Please fill out the registration form on the back to attend! For questions, please email Kirsten Cozart, Equest Education Coordinator at kcozart@equest.org



Equest Introduction to Therapeutic Riding
Workshop
January 24th – 26th, 2024



Registration Deadline: January 5th, 2024

Send Registration and check to:

Equest

ATTN: Angela Escamilla

PO Box 171779

Dallas, TX 75217

Physical Address:

811 Pemberton Hill Rd. Bldg #4

Dallas, TX 75217

If you prefer to register and pay
online, please email Angela Escamilla
aescamilla@equest.org

Phone: (972) 412-1099

Fax: (972) 947-3940

www.equest.org

Reimbursement policy: Cancellation
notices must be provided in writing
from participants up to 2 weeks prior
to the certification start date to
receive a refund minus a \$50.00
administrative fee. No refunds will be
given to cancellations received within
the two weeks prior to the start of the
certification.

Sign me up for:

_____ Introduction to Therapeutic Riding Participant \$700

_____ Introduction to Therapeutic Riding Auditor \$300

Name of Participant or Auditor: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Are you affiliated with a therapeutic riding center? If so, which one _____

Expected date to submit full application to PATH (if known, otherwise leave blank): _____

Do you have any dietary restrictions? If so, please describe so that we can plan ahead. -
