



RIDER ELIGIBILITY FORM

Honoring our service men and women and the horses that are helping them heal.

Rider Information

Rider Name:	
Address:	City/State/Zip:
Phone:	Email:
Branch of Service:	Time in Service:

PATH Intl. Equine Services for Heroes Information

Therapeutic Riding Facility:	
Address:	City/State/Zip:
Phone:	Email:
Website:	Contact:

*For Veterans who **do not** participate in Therapeutic Riding programs, please attach the Department of Veteran Affairs letter recording the dates of service, the Service-connected Disability Rating, and the date it was awarded. Please black out any personal information such as SSN and monetary amounts.*

Adaptive Equipment

Please indicate which adaptive equipment is needed:

<input type="checkbox"/> Audio Communication <input type="checkbox"/> Boot Adaptations <input type="checkbox"/> Hand Hold (flexible and/or rigid) <input type="checkbox"/> Laces to tie stirrups/leathers to girth or cinch <input type="checkbox"/> Loop Reins <input type="checkbox"/> Rein Handle Tethers	<input type="checkbox"/> Saddle Blocks/Wedges/Cushions <input type="checkbox"/> Seat Savers <input type="checkbox"/> Whips <input type="checkbox"/> Bareback Pads <input type="checkbox"/> Dowel Reins <input type="checkbox"/> Helmets	<input type="checkbox"/> Ladder Reins <input type="checkbox"/> Rein Handles <input type="checkbox"/> Rubber Bands <input type="checkbox"/> Safety Stirrups <input type="checkbox"/> Surcingle <input type="checkbox"/> Other _____
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(Subject to approval)

Instructor Statement

This applicant will be using the above designated equipment while competing in the:

Independent
 Supported

I verify that the above information is accurate:

Name: _____ Date: _____

Signature: _____ Certification Number: _____



Heroes on Horses Participant BIO 2024

Name: _____

Riding Center & Location (if applicable):

Branch of Service (Please check the appropriate branch)

Army

Navy

Marine Corp

Air Force

Coast Guard

Tell us about yourself:

Division of Service: _____

Number of years of Active Service & location, Medals earned etc:

Horse's Name & Description (Breed/Sex/Age etc):

Number of Years Riding & what you like best about being with the horses:

Family & work you do now: