

Centre Profile Form

Location _____

Name of Centre _____ Acronym _____
Mailing Address _____ City _____ Postal Code _____
Telephone _____ Fax _____
e-mail _____ Website _____
Primary contact _____ Position _____
President/Chair of Board _____ Program Director / Head Instructor _____
Number of paid staff ____ What positions do they hold: _____

Seasonal Program Year Round Program Number of semesters __ Length of semester _____

Number of riders per semester ____ Number of Riders per year (____% of riders are under the age of 18)

Number of Volunteers _____ Other than arena, in what other areas do you use volunteers

Number of Horses ____ Number of Instructors _____

Number of Instructors with CanTRA "AI" Certification ____ with CanTRA "I" Certification ____

Number of instructors with other therapeutic certification ____ Please list _____

Does your program have a: Physiotherapist Yes No - Occupational Therapist Yes No

Type of Riding Program offered Recreational Therapeutic Driving Sport Vaulting

Registered Charity? Yes No

Do you charge a rider fee? Yes No If yes how much is the fee per lesson _____

What percent of overall operating cost do rider fees cover? _____

OnTRA Member Centre 2007 yes No

Charitable organization? yes No Number: _____

In what other equestrian and/or therapeutic organizations do you hold memberships?