

SHUMBASHABA RATES SCHEDULE FOR 2009

Therapeutic riding programme 12-month contract rate options:

Option 1: 2 x 30-min individual sessions per week: *(92 sessions per year)*

1a) R 1690.00 per month, over 12 months

1b) Total cost for year = R20 280.00

Per session rate = R220.00

(2.5% discount if paid in full before 01 Jan 2009)

Option 2: 1 x 30-min individual session per week: *(46 sessions per year)*

2a) R 880.00 per month, over 12 months

2b) Total cost for year = R10 560.00

Per session rate = R230.00

(2.5% discount if paid in full before 01 Jan 2009)

Option 3: 1 x 60-min group psycho-educational remedial riding session per week : *(46 sessions per year)*

4a) R 767.00 per month, over 12 months.

4b) Total cost for the year = R9 200.00

Per session rate = R200.00

(2.5% discount if paid in full before 01 Jan 2009)

**THESE RATES ARE SUBJECT TO THE SIGNING OF A 12-MONTH
PAYMENT AND SESSION CONTRACT.**

NON-CONTRACT PREPAID PAYMENT OPTIONS

3-MONTH PREPAID RATES

Therapeutic riding

3 months prepaid (12 x 30min individual sessions) = R 2 880.00 / R240.00 per session

SHUMBASHABA RATES SCHEDULE FOR 2009

Integrated sport and skill riding programme 12-month contract rate options:

Option 5: 1 x 60-min group riding session per week: *(46 sessions per year)*

5a) R710.00 per month, over 12 months.

5b) Total cost for the year = R8 520.00

Per session rate = R185.00

(2.5% discount if paid in full before 01 January 2009)

Option 6: 1 x 60-min vaulting session per week: *(46 sessions per year)*

6a) R575.00 per month, over 12 months.

6b) Total cost for the year = R6 900.00

Per session rate = R150.00

(2.5% discount if paid in full before 01 January 2009)

Option 7: 1 x 30-min individual riding session: *(46 sessions per year)*

7a) R767.00 per month, over 12 months.

7b) Total cost for the year = R9 200.00

Per session rate = R200.00

(2.5% discount if paid in full before 01 January 2009)

**THESE RATES ARE SUBJECT TO THE SIGNING OF A 12-MONTH
PAYMENT AND SESSION CONTRACT.**

NON-CONTRACT PREPAID PAYMENT OPTIONS

3-MONTH PREPAID RATES

Integrated Sport and Skill Riding Program

3 months prepaid (12 x 60min group riding sessions) = R 2 340 / R195 per session

SHUMBASHABA RATES SCHEDULE SUMMARY 2009**CONTRACT PER SESSION RATES****Therapeutic Riding**

2 x 30min individual sessions per week = R220.00 per session

1 x 30min individual session per week = R230.00 per session

1 x 60min group session per week = R200.00 per session

Integrated Sport and Skill Riding Program

1 x 30min individual session per week = R200.00 per session

1 x 60min group session per week = R185.00 per session

1 x Vaulting group session per week = R150 per session

3-MONTH PREPAID PER SESSION RATES**Therapeutic riding**

3 months prepaid (12 x 30min individual sessions) = R240.00 per session

Integrated Sport and Skill Riding Program

3 months prepaid (12 x 60min group riding session) = R195 per session

HORSE STABLING RATES

Horse monthly stabling rate = R2300 per month

Pony monthly stabling rate = R2100 per month

Half bait monthly rate = R1 150 per month

TERMS AND CONDITIONS FOR ALL SHUMBASHABA EQUESTRIAN ACTIVITIES FOR THE YEAR 2009.

The following terms and conditions are in line with the Shumbashaba policy and procedure regarding conducting Equine Assisted Therapeutic Activities.

Timetable: Please note our year is 46 weeks, this in effect means that the contracts are for either 46 sessions (once per week) or 92 sessions (twice per week) per year. The total cost for these sessions is calculated and divided over a 12 month payment period. The program will resume on Monday the 12th January 2009, and will close on Friday the 4th December 2009. During this period there will be a one week period in the school holidays where the program will be closed, date to be advised. This has been accounted for in the 46 weeks.

Payment: Monthly payments are due before the **1st of each month**. Overdue accounts may be charged 12% interest. It is possible to pay the years riding fees in advance, and a 2.5% discount is offered.

Cancellations: Client cancelled sessions will only be made up should the sessions be cancelled a **minimum of 12 hours in advance**. This will be strictly adhered to. A cancellation will be said to have been made through direct contact with Sharon, 084 500 0672 or Renae, 083 3736853. All messages to include the date and time of the message. These make-up sessions are the responsibility of the client and the opportunity to make up the session will expire 1 month after the cancelled session. Therapist or instructor cancelled sessions will be made up as quickly as possible after the event. **There is strictly no credit to fees or reimbursement on cancelled sessions.**

Procedure during Rain: Should the weather affect the conditions such that therapeutic riding becomes dangerous or impossible, the therapist / instructor will attempt to contact the client and make alternative arrangements. We cannot be held accountable for acts of God. Rainy days afford us the opportunity to explore other important aspects of the therapeutic riding situation that involves "associated activities", such as the psychomotor stimulation of grooming, as well as opportunities for relationship building and development of self-esteem and self-concept. The program is holistic, and it is the whole experience with the horse that is therapeutic. Hence clients are requested to support the holistic aspect of the program and attend these associated activity sessions. Those sessions where associated activities are scheduled, and clients do not attend, will not be made up unless the above cancellation criteria are adhered to.

Absenteeism as a result of health problems: Should an individual not be able to attend sessions over an extended period, due to reasons of health, then we need to be informed at least a month in advance. On medical certification the contract will be upheld, the place in the program kept, and additional sessions will be arranged once the individual resumes the therapeutic riding program. This requires that the monthly fee for therapeutic riding sessions continue to be paid. The alternative is for a month's notice to be paid and sessions can resume later using one of the other payment alternatives.

Termination Procedures: One months' paid notice must be given in writing should a client wish to terminate registration from the program. On the 12-month fees payment option, termination received on the 1st November will include the payment of the December fees in addition to those of November.

SHUMBASHABA REGISTRATION FORM
For the year 2009

Client: _____ Date of Birth: _____
 Age: _____ Height: _____ Weight: _____
 Date of last Tetanus vaccination: _____
(Please update if necessary!)
 Postal Address: _____
 Province: _____ Postal Code: _____
Phone: Home) _____ (Work) _____ (Cell) _____
 (Fax) _____ E-mail: _____
 Parents or Guardian: _____
 Address: _____ Province: _____
 Postal Code: _____
 Phone: _____ Cell: _____
 In case of emergency contact: _____ Phone: _____

CONTRACT AGREEMENT FOR THE PAYMENT OF SHUMBASHABA FEES FOR 2009

I _____, parent / guardian of _____, select the payment option _____. I have read and accept the terms and conditions associated with the contract method of payment for therapeutic riding session fees. In addition I understand that with this option the payment of R_____, is due by the **1st of the month**, and runs for the period of _____ months. It is understood that 12 hours minimum notice must be given for cancellations to be made-up, and make-up sessions will only be valid for the period of 1 month after date of the cancelled session. In the case of rain, Shumbashaba will, arrange "associated equine facilitated activities", should the conditions allow for them. It is understood that should an individual not be able to attend sessions over an extended period, due to reasons of health, then we need to be informed and a doctor's certificate must be handed in. The contract will be upheld, the place in the program kept, and additional sessions will be arranged once the individual resumes the therapeutic riding program. The alternative is for a month's notice to be paid and sessions can resume later using one of the other payment alternatives.

PARENT / GUARDIAN

NAME IN PRINT: _____

SIGNED: _____ **DATE:** _____

WITNESS

NAME IN PRINT: _____

SIGNED: _____ **DATE:** _____

FORM TO BE ACCOMPANIED BY JANUARY 2009 PAYMENT (can be in form of post dated cheque for 01/01/2009)