



**PEGASUS**

**Pegasus Therapeutic Riding**  
310 Peach Lake Road  
Brewster, NY 10509-1715

P: (845) 669-8235  
F: (845) 669-5249  
[pegasustr.org](http://pegasustr.org)

Founded in 1975, Pegasus is a PATH International Premier Accredited Center

## Youth Project Application

**Thank you in advance for considering Pegasus Therapeutic Riding for your youth project. Please complete this application and submit it by fax, mail or email to Volunteer Manager Lynn Peters care of the address above. Lynn's email address is [lpeters@pegasustr.org](mailto:lpeters@pegasustr.org) and her direct phone extension is 109.**

**Only one youth project applicant will be selected per program session (winter, spring, summer, fall). Each program session, the first applicant who meets all of our required criteria will be selected for that session. All applications will be reviewed by a committee composed of the Volunteer Manager, the Program Director and the Communications Director.**

**Required criteria include: (1) Timely submission of a completed Youth Project Application, (2) A parent/guardian must commit to being present for all portions of the project conducted at Pegasus, (3) Applicant's project hours must coincide with normal Pegasus operating hours for all portions of the project conducted at Pegasus, (4) The goals and objectives of the project must not conflict with the mission of Pegasus.**

Applicant name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

### **Parent/Guardian Information:**

Name: \_\_\_\_\_ Relationship to applicant \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Primary phone: \_\_\_\_\_ H / W / C

Parent/guardian daytime phone, if different from above: \_\_\_\_\_ H / W / C

\_\_\_\_ As indicated by my signature below, I acknowledge and agree to the requirement that a parent/guardian must be present for all portions of the project conducted at Pegasus.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **Applicants must complete the following section themselves:**

For which organization or group are you completing this project?

\_\_\_\_\_



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Please explain your goals and objectives for this project, including any requirements you must fulfill to complete it:

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Total number of hours needed: \_\_\_\_\_ Project start date: \_\_\_\_\_ Project due date: \_\_\_\_\_

What days and hours are you available? \_\_\_\_\_

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Please provide your ideal timeframe for completing this project (e.g., two hours per day for five days total):

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Please tell us in your own words why you chose Pegasus for this project:

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