

## **SCPA SCHEDULED ACCESS USE APPLICATION**

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

Applicant Rider's Name: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

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

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

Telephone Nos. Home: \_\_\_\_\_

Cell: \_\_\_\_\_

Work: \_\_\_\_\_

Horse's/Pony's Name(s): \_\_\_\_\_

### **AVAILABLE DAYS ARE AS FOLLOWS:**

Monday: 7:00 a.m. to 11:00 a.m.;  
11:00 a.m. to 3:00 p.m.; or  
3:00 p.m. to 5:00 p.m.

Tuesday to Friday  
and Sunday: 7:00 a.m. to 11:00 a.m.; or  
11:00 a.m. to 3:00 p.m.

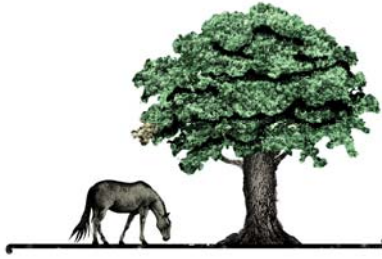
Saturday: None

### **FIRST WEEKLY SESSION:**

1 <sup>st</sup> Choice _____ Day of week/Time Slot	2 <sup>nd</sup> Choice _____ Day of week/Time Slot	3 <sup>rd</sup> Choice _____ Day of week/Time Slot
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### **SECOND WEEKLY SESSION (IF DESIRED):**

1 <sup>st</sup> Choice _____ Day of week/ Time Slot	2 <sup>nd</sup> Choice _____ Day of week/Time Slot	3 <sup>rd</sup> Choice _____ Day of week/Time Slot
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*\*\*If you wish to have another opportunity to use the equestrian facilities after the end of your 6-month session, you must re-apply to the Scheduled Access program in accordance with the rules.*

**FEES:**

\$500/ time slot per 6-month session – maximum 2 time slots / session.

I would like \_\_\_\_\_ (1 or 2) sessions @ \$500/each.

Enclosed is my payment of use fees in the amount of \$\_\_\_\_\_.

If your requested time slot is not available, and you decline available alternative time slots offered to you, then your use fees are fully refundable, less one \$50.00 processing fee for each application. The refund will be mailed to the applicant as soon as possible, but in no event later than two (2) weeks after the Applicant’s request for said refund.

You will receive a written notification concerning your request within seven days of the drawing date. You will have seven days to accept or decline the offering and complete the required paperwork, including, but not limited to, Rider and Horse Registration Form, SCPA Release, and an Acknowledgement of Receipt of the SCPA Rules, all of which will be included in your package. You will not be permitted to participate in the Scheduled Access Program without execution of these materials. By signing below, you agree to the terms and conditions of this offering.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
(If Minor, Parent or Guardian Must Sign)

SCPA is a tax-exempt, non-profit organization established in 2000 and whose mission is to preserve open space in Sullivan Canyon. The Sullivan Canyon site was acquired in 2003. Since that time, substantial resources and efforts have gone into the restoration of the property. Tax-deductible contributions can be made payable to “Sullivan Canyon Preservation Association.” Your contribution goes to maintaining the site and offering programs to less advantaged groups in the city of Los Angeles. Any contribution of \$250 or more will be acknowledged by a letter from the SCPA. Your cancelled check is your receipt. SCPA appreciates your donation.

Enclosed is my contribution in the amount of \$\_\_\_\_\_.