# HighHopes

Therapeutic Riding

HORSES AND HUMANS IMPROVING LIVES

Nonprofit Business, Development and Administrative Workshop February 14-15, 2018



High Hopes is...

A PATH Intl. Premier Accredited Center

Internationally renowned for training & education

501c3 Nonprofit Center

Four Star Charity through Charity Navigator

We offer...

Lectures by experienced professionals

Networking opportunities

A dynamic learning

An interactive two-day workshop designed to help you meet your organization's management, fundraising and communication needs. This workshop explores best practices in non-profit management, offers practical learning opportunities, case studies, and networking with peers.

#### Day 1: Nonprofit Business Administration:

Develop an understanding of and utilize solid management practices that will ensure your organization survives and thrives in today's economy. Topics to include:

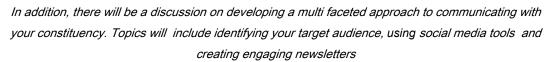
### Day 2: Fundraising and Communications

• Build a well-rounded fundraising program to ensure long term financial sustainability. Topics to include:

Building a donor base ◊ Appeal Program ◊ Major Gifts

Grant Research and Writing Special Events ◊ Planned Giving

Cultivating Donor Relationships



#### Workshop Faculty to Include:

- ♦ Kitty Stalsburg, High Hopes Executive Director
- ♦ Lesley Olsen, High Hopes Finance Director
- ♦ Sara Qua, High Hopes Development Director

#### Perfect for:

- ♦ Non-profit Business Professionals
- ♦ Fundraising Professionals
- ♦ Non-profit Executive Directors
- ♦ Center or Agency Administrators
- Non-profit Board Members

PATH Int'l approved CEU's = 12 CE

For more information, contact:
Sarah Carlson, Special Programs Manager
at (860) 434-1974 ext. 115 or scarlson@highhopestr.org
Visit us online at www.highhopestr.org





HORSES AND HUMANS IMPROVING LIVES

To register for a workshop, please complete the information requested below and send it together with the required fee\* to:

> High Hopes Therapeutic Riding, Inc. 36 Town Woods Road, Old Lyme, CT 06371 www.highhopestr.org Fax: (860) 434-3723

Upon receipt of this completed form and payment, High Hopes will send you an official letter of welcome and any additional materials necessary.

For questions contact Sarah Carlson at (860) 434-1974 ext.115, or scarlson@highhopestr.org.

Name:	Phone:		
E-mail:	PATH Member #		
Address:			
City: Sta	ate: Zip:		
Organization or Program Affiliation:			
Please register me for the following: (Registration	includes light lunch)		
Business & Administration: February 14, 20	18		
\$150 Focus on Organizational Management and Board Governance			
Fundraising & Communications Basics: Feb	oruary 15, 2018		
\$150 Focus on Development and Fundraising Essentials and Communication Strategies			
Business, Fundraising & Administration: Fe	bruary 14-15, 2018		
\$250			
*Inquire about our group rate.			
Deadline for registration is February 1, 2018			

# Deadline for registration is February 1, 2018

Reimbursement policy: Cancellations prior to the registration deadline will receive a full refund minus a \$75 service fee. No reimbursements will be granted after the registration deadline.



# HIGH HOPES THERAPEUTIC RIDING INC REGISTRATION & RELEASE

### VISITOR & SPECIALTY VOLUNTEER FORM

## PLEASE COMPLETE ENTIRE FORM

Please Check One: Visitor:	_ Brd/Cmt Member: Spec Eve	nt Volunteer: One Day	Vol/Group:
	Home #:		
Address:Email:		Town:	zip
In case of Emergency, contact:  Please indicate any medical cond	(Parent if minor) litions or medications we should be aw	vare of in the event of an eme	rgency:
required due to illness or injury	nsent Signature:	gency, I authorize High Hop	pes to: Secure and retain ed individual or agency
medical treatment/aid (includin	ked in the event that your Emergency g x-ray, surgery, hospitalization, me f illness or injury while on the prope	dication, and any treatment p	
Date: Co	nsent Signature:	ears of age, <b>both</b> parent & volunteer/vi	
•	If volunteer is under 18 ye mergency medical treatment/aid in th nsent Form, which requires notarizat	e event of illness or injury wh	
my(my child's) photograph or in employees and any outside third activities and 3) waive any right	orizeI do not consent to, nor do nage in its print, online and video publ parties from all liabilities or claims that to inspect, approve or receive compensuebsite images or written materials, in	ications; 2) release High Hopat I might assert in connection sation for any materials or constitutions.	pes Therapeutic Riding, Inc., its n with the above-described mmunications, including
Date: Co	nsent Signature:		
	If volunteer is under 18 ye	ears of age, <b>both</b> parent & volunteer/vi	sitor signatures are required.
clients, our staff and our volunt information such as surnames, t Hopes. In particular, medical in protected as Confidential Inform Hopes staff. Volunteers must s Hopes Confidentiality Policy and	•	cludes, but is not limited to, pals, etc., as well as the non-putation about their disabilities one confidential Information my pictures or videos. I have	personally identifiable ublic business records of High or special needs, must be to anyone other than High read and understand High
Date: Signatu	re:	1 1	. ,
LIABILITY RELEASE: I act including grievous bodily harm hereby, intending to be legally all claims for damages against I Volunteers, and/or Employees to volunteer from whatever cause, The undersigned acknowledges of this release and has signed the	knowledge the risks and potential for a However, I feel that the possible be bound for myself, my heirs and assign High Hopes Therapeutic Riding Inc., for any and all injuries and/or losses including but not limited to the neglethat he/she has read this Volunteer and release voluntarily and with full k	r risks of horseback riding are enefits to myself are greater to gns, executors or administrate, its Board of Trustees, Instruct I may sustain while participaligence of these related participality.	nd related equine activities than the risks assumed. I ors, waive and release forever uctors, Therapists, Aides, ating as a High Hopes es.
Date: Signatu Shared/Forms/Volunteer /visitor & specialt	If volunteer is under 18 ye	ears of age, <b>both</b> parent & volunteer/vi	isitor signatures are required.