



Northern Virginia Therapeutic Riding Program, Inc.  
6429 Clifton Rd. • Clifton, VA 20124 • 703.764.0269  
www.NVTRP.org

## NVTRP Workday Questionnaire

Thank you for your interest in an NVTRP Workday. Please tell us a little bit about your group and the type of experience you're looking for.

Name of Company: \_\_\_\_\_

Primary Contact (POC) Name: \_\_\_\_\_

POC Phone: \_\_\_\_\_

POC Email: \_\_\_\_\_

Secondary POC Name: \_\_\_\_\_

Available Dates (Weekdays as well as weekends): \_\_\_\_\_

How Many Hours: \_\_\_\_\_

Ages of Volunteers (minimum age is 12 with a parent): \_\_\_\_\_

Number of Volunteers (We can accommodate groups of 50, but up to 30 is ideal): \_\_\_\_\_

Is there a budget for materials/supplies? \_\_\_\_\_

If so, what is the approximate amount: \_\_\_\_\_

Goal of Workday (team building, community service, a good excuse to get out of the office etc.):

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*Thanks again and we are looking forward to a wonderful day on the farm!*