

RIDER'S SEAT CLINIC
TOM NAGEL & KAREN IRLAND
MAY 3-4-5, 2014

RIDER NAME _____ DOB _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE (____) ____-____ CELL (____) ____-____ WORK (____) ____-____

EMAIL CONTACT _____

RIDING EXPERIENCE & LEVEL _____

SCHOOL HORSE NEEDED _____ (\$20 PER DAY)

TRAILER IN _____ STALL RENTAL ____ DAYS @ \$20 PER DAY (PLEASE BRING FEED AND HAY)

FEE: _____ \$475.00 CLINIC FEE

_____ \$300.00 PARTICIPATING AUDITOR FEE ALL Day 3 days

_____ \$150.00 AUDITORS FEE 4 DAYS afternoon 1pm-5pm

***\$200.00 NON- REFUNDABLE DEPOSIT REQUIRED TO RESERVE .Must be paid in FULL APRIL 1,2014
or your Spot will be filled..**

RIDERS ARE REQUIRED TO WEAR ASTM/SEI CERTIFIED EQUESTRIAN HEADGEAR WHILE MOUNTED.
LONER HELMENTS ARE AVAILABLE.

AMOUNT ENCLOSED: \$ _____

SIGNATURE _____ DATE _____

(PARENT OR GAURDIAN IF UNDER 18)

MAIL TO: HEARTS AND HORSES FARM

63 JUSTIN MERRILL RD

BUXTON, ME 04093

