

Mary Wanless 2010 Spring Clinic

April 23, 24, 25 2010

Registration Form

Name: _____

Address: _____

Phones (h) _____ (c) _____

E Mail _____

Rider: _____ Auditor: _____ Fee enclosed: _____

Lease horse desired: Yes _____ No _____

Horse's level of proficiency:

Training through 1st level _____ @ \$45/day

2nd level and higher _____ @ \$55/day

I understand that deposits are refundable, less a \$50.00 office fee, only if my space can be filled.

Signature _____
Parent or guardian if under 18

I understand that working with and riding horses can be dangerous. I agree to hold harmless Seneca Sport Horse, LLC as well as any other participant, volunteer, employee, friend or guest for anything that may occur during my participation in this clinic. My signature below is agreement to the above stated terms.

Signature _____
Parent or guardian if under 18

Please include current Coggins with application (Required)