



THE HORSEMAN'S WAY
Clinic Application
Instructor ~ Ron Pyne

Name: _____

Address: _____

City, Province: _____

Postal Code: _____

Phone & Email: _____

I am signing up as: PARTICIPANT / SPECTATOR (*circle one*) Level 2/3 ____ Level 3/4 ____

LEVEL 2/3 RIDER CLINIC FEE - \$575.00 (tax included) 4 half days of instruction, including daily lunches and auditing tickets for the 3/4 clinic.

LEVEL 3/4 RIDER CLINIC FEE - \$575.00 (tax included) 4 half days of instruction, including daily lunches and auditing tickets for the 2/3 clinic.

A deposit of \$300, or payment in full must accompany this form. The balance is due by May 1st .
Deposits are non refundable unless your spot can be filled.

Daily Board is \$10 per horse.	I would like to reserve ____ day(s) board
Camper Hookups are \$5 per night.	I would like to reserve ____ day(s) hookup

Please review and initial each of the following Clinic Rider Guidelines & sign at the bottom.

_____ A Rider at this event is required to bring an accommodating horse that they feel extremely comfortable riding in a group, at a walk trot and canter. Please do not bring an unstarted horse or a horse that has not been ridden in a long time. If you are not comfortable to do this when it is time to ride, you will be asked to take your horse out and only watch. No refund will be given. Stallions are not permitted.

_____ Do not change rider or horses during this event. No refund will be given, as the Event Host cannot be responsible for unforeseen problems.

I have read, understood, and agree to participate within the above guidelines. If under 18, a parent or guardian must read and sign the above, indicating his/her acceptance.

Signed:

Date:

(Signature of Parent/Guardian if minor)

**Please make cheques payable to Beth Smith, Box 529 Kensington, P.E.I., C0B 1M0
Contact: beth@briarrosestables.com**