

## Clinic Registration Form

Name/date of clinic \_\_\_\_\_

Rider's Name \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Name of Horse \_\_\_\_\_

Horse's Gender \_\_\_\_\_ Age \_\_\_\_\_

Do you need stalls? Y / N for what days \_\_\_\_\_

(Stalls are \$20/horse/night)

Do you need electric hook-up? Y / N (Call early for availability)

Please include payment for the clinic made payable to Davin Rudy.

Stalls/ electric hook-ups can be paid for at the clinic by cash or check.

**We will need to see negative coggins within one year AND PROOF OF VACCINATIONS.**

Send to:

**Rudy Horsemanship 81 Huckleberry Rd ~ Jonestown PA 17038**

I understand that there is inherent danger in any horse related activity. I understand that during a clinic I will be riding around many other horses, over obstacles, and on potentially slippery footing which adds additional risk. I do not hold Rudy Horsemanship liable in anyway for my or my horse's safety or well being.

Rider Signature (or Parent): \_\_\_\_\_

Optional: (use the back if necessary)

1.)What are you hoping to learn at this clinic?

2.)Do you have any worries or concerns about attending this, or any, clinic?

3.)Is there anything we should know about you or your horse?