

Clinic Registration Saddle Creek Stables

Date: _____ (today's)

Clinic: Instructor _____ Clinic Dates: _____

Registration Fee: _____, (50% required at time of registration, NON-REFUNDABLE)

Name: _____

Address _____

Phone: home _____ cell _____

Email address _____

What type of clinic would you like to see Saddle Creek host? _____

Horse info: Breed _____ Age _____ Gender _____

What to bring: feed, hay, water bucket with chain or clip, sunscreen, chair, and equipment appropriate for clinic content

Stall required _____ days (\$20.00/day) You are responsible for cleaning your stall. Paddock required _____ days (\$10/day)

Mail check, hold harmless, instructor's release form and copy of current Coggins to:

Saddle Creek Stables
1708 S. Peninsula Drive
Daytona Beach, Fl. 32118

Office use only: Clinic fee _____	Coggins received _____
less 50% paid _____	Hold Harmless received _____
stall/paddock fee _____	Instructor's Release received _____
Balance Due: _____	