

GOOD NEWS STABLE - LESTER BUCKLEY CLINIC

Saturday – Sunday, July 20-21, 2019

CLINIC CONTACT: Lisa Schworer || Email: lschworer@yahoo.com || Phone: 703-380-0748

Clinic Location - 16700 Barnesville Road, Boyds Maryland 20841

REGISTRATION FORM

Receipt of your registration form with payment in full secures your lesson slot and MUST be made prior to Friday, July 12, 2019. No refunds provided after this date though your slot may be transferred to our waiting list.

Registration is not complete without your current Coggins test included.

Checks payable to: Good News Stable

Mail Registration/Payment to:

Caroline Jordan - Good News Stable

11813 Silent Valley Lane

Gaithersburg, MD 20878

Name:		Phone:	Cell:
Parent name (if under 21)		Email:	
Address:			
Pair my lesson with:			
PRE-REGISTRATION FEES INCLUDES LUNCH FOR AUDITORS (\$45 per day or \$65 for weekend)			
Auditing	Saturday	Sunday	Total:
Semi-private	Saturday	Sunday	Total:
Private	Saturday	Sunday	Total:
Nite Stabling	Saturday	Sunday	Total:
Day Stabling	Saturday	Sunday	Total:
Horse's name:		Breed:	Age:
Riding interest & level:			
Describe your level of training/issues - is there something specific you would like to work on in this clinic?			
Total Clinic Fees Due: _____			
All Checks Payable to: GOOD NEWS STABLE, INC.			
Bill my Credit Card directly: <input type="checkbox"/> (Visa, MasterCard, American Express accepted)			
Please fill out the billing information for your card below.			
First Name:		Last Name:	
Street address:			
City:		Zip:	Phone:
Card Number:		Exp. Date:	CCV:

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Release and Hold Harmless Agreement

I (we) understand that working with and riding horses can be dangerous sport and serious injury or disability may result from accident while riding or handling horses. The above activities are being undertaken at my (our) risk and assume full responsibility for all damages resulting, in any way, from such activity. Rider/Handler/participant agree to hold harmless Good News Stable Inc., its owner, employees, contractors, and volunteers from any accidents, damage, injury to horses, owners, riders, spectators or any persons or property whatsoever. ASTM/SEI helmets must be worn at all times while mounted.

My signature below is agreement to the above stated terms.

Signature _____

(Parent guardian if under 18)

Date _____