

YORKSHIRE FARM RIDING SCHOOL LLC
April Williams-Ginns Riding Clinic 2017
WWW.YFRS1.COM EMAIL: INFO@YFRS1.COM
Booking Form

Name: _____

Address: _____ City: _____

State: _____ Zip Code: _____ E-mail: _____

Phone: _____ Cell phone: _____

Horse's name: _____ Age : _____ Breed: _____

Clinic Date(s): _____ Level of Rider: Beginner / Intermediate / Advanced
Ride Times: (9am) (10am) (11am)
(1.30pm) 2.30pm (3.30pm)
(Ride Times may vary due to attendance)

Optional Date(s) (if the clinic date is full) _____

What do you wish to accomplish or focus on with this horse?

Payment Details

I have enclosed the clinic fee of \$100.00 per day _____

Auditing fee: \$20 per person per day, (12yrs and under free) _____

Stabling Fees: (if required, must be requested at time of booking) _____

Communal Roundpen (to be used by any participating horse) \$5.00 per day _____

Stable/Stall with shavings \$15 per day (one horse only) _____

Total amount enclosed: _____

Note: Payment and Registration is on a first-come first-served basis. Riders will be notified of the status of their application. **Maximum of 8 riders.** If a horse or rider combination is unable to participate, an alternate horse and rider will fill the slot. **No refunds given.**

A current negative Coggins test is required. Please bring your original and a copy for our records.
Hard Hats must be worn when mounted. Riders over Age 8 years.

Submit your completed application and check payable to: **Yorkshire Farm Riding School LLC**
April Williams-Ginns, Yorkshire Farm Riding School LLC, 3000 S. Mayfield Road
Jackson, WI 53037