

PUDDINGSTONE MANOR INC.

Clinic Registration Form

Clinic Date: _____

Clinic Name: _____

Arrival Date: _____

Arrival Time: _____

Ride Time Preference: _____

Clinic rides will be filled on a first come first serve basis.

COSTS:

Cost per ride: _____

Private Lessons. Stall \$25 per day. Bagged shavings available @ \$7.00 per bag.

Auditors \$20 per day. Please bring a chair.

REGISTRATION:

Contact Beverly Rapp

Ph (248) 922-3191 please leave message

Pager (248) 535-8145

Full lesson fees due immediately to hold ride.

RIDER REGISTRATION:

Number of rides: Sat: _____ Sun: _____

Name: _____

EMAIL ADDRESS: _____

Work Phone: _____

Home Phone: _____

HORSE(S) NAME: _____

BREED(S): _____ AGE: _____

LEVEL RIDING: _____

PLEASE INCLUDE A CURRENT COGGINS TEST (mail to address below)

PuddingStone Manor Inc. PO Box 749, Clarkston, MI 48347