

Sinead Halpin Clinic Registration January 16-17, 2016

Rider: _____ Age: ____ Horse: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Highest Level Rider Has Completed: _____

Highest Level Horse Has Completed: _____

Please Circle Choice of Level: BN N T P I

Include With Registration Form:

_____ \$350.00 Clinic Fee payable to Sterling Silver Stables

_____ \$25.00/night for those who wish to stable

_____ Complete registration form with signature

_____ Negative Coggins within 12 months

_____ USEA Educational Activity Medical Release

NO REFUNDS UNLESS SPOT IS FILLED

Send to Sterling Silver Stables, LLC 11130 Harris Lane, Maurice, LA 70555

Phone (337)893-3535 Email: jennifer@sterlingsilverstables.com

Cancellation Policy: I understand the clinic fee of \$350.00 is non-refundable. I am purchasing a time slot which is paid in advance. If I am unable to use this space I am responsible for finding another rider to fill it. A waiting list will be maintained for unforeseen circumstances but there is no guarantee.

Signature: _____(Parent must sign if under 18)