

EQUIBEST EQUESTRIAN CENTER

Riding Clinic Registration Form – Three Day Clinic

CLINIC DATE: _____ **CLINICIAN:** _____

FEE: \$500.00 includes one two-hour session each day for three days.
AUDIT FEE: \$ 60.00 for three days, \$25.00 for one day payable at clinic.

Due to the popularity of Equibest clinics, we are requesting early registration. To guarantee a spot, please send this registration form and full payment of \$500.00 per rider 60 days before the clinic date. A \$500.00 non-refundable deposit will be assessed to each rider if a cancellation * occurs less than 30 days before the start of the clinic. The first thirty-two (32) participants to complete their registration send **payment in full** will be guaranteed a spot in the clinic. Registrations arriving after the first thirty-two (32) will be wait-listed.

* Clinic will not be cancelled due to inclement weather. Equibest facility has Indoor arena / lights.

Complimentary coffee, muffins, hot lunch, bottled water for all clinic riders. Lunch is available for auditors and other visitors for \$8.00 per person.

Please complete the following form and return to the address below with full payment

The undersigned do hereby acknowledge that Equibest, Inc. and the clinician do not carry accident insurance for any rider or horse in the clinic. Therefore, each rider and horse should be covered by his or her own insurance. The undersigned releases Equibest, Inc. and the clinician of any liability.

Rider's Name: _____ Phone: _____

Fax: _____ Email: _____

Street Address: _____ State: _____ Zip: _____

Rider's Signature: _____ Date: _____

Guardian's Signature _____ (if rider is less than 18 years of age)

Trainer's Name: _____ Phone: _____

Present height your horse is schooling or showing at: 2'6" _____ 3' _____ 3' 6" _____

Checks payable to: Equibest Inc.

Mail to: Equibest Inc.
P O Box 4512
Ruidoso, NM 88355

Questions: Telephone: (575) 336-7090
E-mail: equibest@aol.com