

Nadine Francois Classical Dressage Clinic

Booking Form

Rider Name: _____

Address: _____

Mobile Number: _____ Phone Number: _____

Email: _____

EA Number: _____

Due to insurance, riders must be an EA member or have insurance through a separate club, breed society etc.

Emergency Contact Number: _____

Horse Name: _____

Training Level: _____

Number of Lessons: _____

PLEASE INDICATE PREFERENCE Preferences will be allocated in order of receipt of deposit	MORNING	AFTERNOON	DEPOSIT ATTACHED
FRIDAY 4 TH OCTOBER			
SATURDAY 5 TH OCTOBER			
SUNDAY 6 TH OCTOBER			
MONDAY 7 TH OCTOBER			
PADDOCK REQUIRED			

Signature: _____

Deposit: 50% of your total clinic fee — Refundable only if vet certificate provided, or if another rider is available to take your spot. Payment via: bank deposit. \$160 per lesson

Account Details: N L Smith

BSB: 939:200

AC: 894251743

Balance: Please pay balance by 30th September, 2024

Contact:

Natalie Smith
041 111 3045

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www.equinmassage.com.au