

Nadine Francois Classical Dressage Clinic

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
SUNDAY 29 TH MARCH			
MONDAY 30 TH MARCH			
TUESDAY 1 ST APRIL			
WEDNESDAY 2 ND APRIL			
PADDOCK REQUIRED			

Signature: _____

Deposit: 50% of your total clinic fee to secure your spot —
 Refundable only if vet certificate provided, or if another rider is
 available to take your spot. Payment via: bank deposit. **\$170**
per lesson

Account Details: N L Smith
 BSB: 939:200 AC: 894251743
Balance: Please pay balance by 26th March 2026

Contact:

Natalie Smith
 041 111 3045

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www.equinemassage.com.au