



**Dressage Clinic with Beth Murray**  
**March 29 & 30 2025**

**Personal Information**

NAME OF RIDER	NAME OF HORSE
ADDRESS	POSTAL CODE
PHONE NUMBER	EMAIL ADDRESS
RIDER OE NUMBER	NAME OF TRAINER/COACH
WHAT LEVEL ARE YOU CURRENTLY RIDING ?	

**Registration**

DO YOU PREFER TO RIDE MARCH 29 (SATURDAY) OR MARCH 30 (SUNDAY)? WE WILL ACCOMMODATE IF POSSIBLE.	
DO YOU REQUIRE A STALL ? \$25 + HST PER DAY	
	<b>CLINIC FEE: \$125 + HST</b> <b>STALL FEE (IF APPLICABLE):</b> <b>HST:</b> <b>TOTAL OWING:</b>

PAYMENT CAN BE SENT TO [ETRANSFER@SUNNYMEADFARM.CA](mailto:ETRANSFER@SUNNYMEADFARM.CA)

**REGISTRATION IS CONFIRMED ONCE FORM AND PAYMENT HAVE BEEN RECEIVED**