



**Test Riding Clinic with Beth Murray
April 28 & 29, 2018**

Office Use Only *

RIDER NUMBER *	PAYMENT RECEIVED *

Personal Information

NAME OF RIDER	NAME OF HORSE
ADDRESS	POSTAL CODE
PHONE NUMBER	EMAIL ADDRESS
RIDER OEF NUMBER	NAME OF TRAINER/COACH
SPECIAL REQUESTS	

Registration

WHICH TEST ARE YOU RIDING?	AMOUNT (\$100 PER TEST)
DO YOU PREFER TO RIDE APRIL 28 (SATURDAY) OR APRIL 29 (SUNDAY)? WE WILL ACCOMMODATE IF POSSIBLE.	
DO YOU REQUIRE A STALL?	AMOUNT (\$15 PER STALL)
	TOTAL OWING

CHEQUES CAN BE MADE PAYABLE TO SUNNYMEAD FARM, OR E-TRANSFER TO ETRANSFER@SUNNYMEADFARM.CA