



# CLINIC REGISTRATION FORM

280 Reed Road, Mason, NH 03048 • (603)878-1586 • [www.contryhillfarm.com](http://www.contryhillfarm.com)

Name of Clinic or Instructor \_\_\_\_\_ Clinic Date \_\_\_\_\_ Rider Fee \$ \_\_\_\_\_

### **Rider's Information**

Rider's Name \_\_\_\_\_ over 18 years of age? \_\_\_\_\_ Address: (P.O. Box or Street)  
(City) (State) (Zip) \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Emergency Contact: name \_\_\_\_\_ phone \_\_\_\_\_

### **Owner's Information** (If different than rider, leave blank if N/A)

Owner's Name \_\_\_\_\_

Address: (P.O. Box or Street) (City) (State) (Zip) \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Should we contact owner or rider regarding clinic? \_\_\_\_\_

### **Horse's Information**

Name of Horse: \_\_\_\_\_ Gender of Horse: \_\_\_\_\_

Breed of Horse: \_\_\_\_\_ \*Mail or E-mail a copy of Coggins with registration

### **Training Information** (will be shared with clinician, also assists us in group placement)

Any Horse or Rider Health Concerns: \_\_\_\_\_

Previous training (jump height, shows, level, etc.): \_\_\_\_\_

\_\_\_\_\_ Primary discipline of riding: \_\_\_\_\_

Problem areas: \_\_\_\_\_

Future plans for this horse: \_\_\_\_\_

Training goals (jump height, shows, level, etc.): \_\_\_\_\_

Questions or issues you would like addressed at this clinic: \_\_\_\_\_

Is this horse for sale? \_\_\_\_\_ (we can inform clinician and spectators, sale flyers are welcome)

Please print and mail form with payment to: Contry Hill Farm, 280 Reed Road, Mason, NH 03048 or e-mail registration form to [ejsunner@gmail.com](mailto:ejsunner@gmail.com) and **mail payment to guarantee your space**. If you need to cancel, full refunds are given if your space can be filled. If you have any questions please contact us by email [ejsunner@gmail.com](mailto:ejsunner@gmail.com) or call 603-878-1586. We look forward to you joining us for this clinic!