

# CHARLES DE KUNFFY CLINIC RIDER APPLICATION

Rider Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact Info: \_\_\_\_\_

Relationship: \_\_\_\_\_

Horse Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

**Bio of Horse & Rider:** Please state what level horse/rider, goals, problems. etc.

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Please check appropriate boxes (please submit 2 applications if participating in both clinics)

Preference will be given to person able to ride all 3 days

45 minute private \$250.00 per ride, \$275.00 after pre-registration closing date

45 semi-private \$160.00 per ride (try to match w/ similar level), \$175.00 after pre-registration closing date

**Clinic 1**  May 20-22, 2011 Must register by April 15th, 2011 for lessor rate

**Clinic 2**  October 21-23, 2011 Must register by September 10th, 2011 for lessor rate

**Private Ride**  **Semi-Private Ride**

Friday  Saturday  Sunday

**Stabling \$25.00 per day** (please provide your own hay & grain, bedding will be provided)

Thursday  Friday  Saturday  Sunday

**Total amount due to reserve ride:** \_\_\_\_\_ **Make check payable to Topline Stables**

**Mailing Address:**

Topline Stables, 4714 Southwood Drive, Brooklyn, OH 44144

440-666-6182 cell