

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.

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

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

40 semi-private \$150.00 per ride (try to match w/ similar level), \$165.00 after pre-registration closing date

Clinic 1 May 14-16, 2010 Must register by April 10th, 2010 for lessor rate

Clinic 2 October 22-24, 2010 Must register by September 10th, 2010 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