

RIDER APPLICATION FOR DRESSAGE CLINIC

with Jos Sevriens

August 21 & 22, 2010 at LWF Sport Horses, Ortonville, MI

Rider Information:

Name: _____
Address: _____
City/St/Zip: _____
Phone: _____
E-mail: _____

Horse Information:

Horse's name: _____
Breed: _____ Color: _____
Age: _____ Sex: _____
Owner's name: _____
Date of Current Coggins _____ (mail copy with application)
Approximate Arrival Time & Date: _____

Clinic choices and options:

- Saturday Ride - \$155.00
- Sunday Ride - \$155.00
- Stall - \$25.00 per day + \$5.25 per bag for shavings
(available Friday afternoon)
- Charge to M/C or VISA (call Linda with information 248-887-8628 or 248-766-5598)

The stall/shavings fee and the Auditor fee are payable upon arrival.
Fees for the clinic are due by August 14th. Checks payable to *Lost World Farms, LLC*. By signing below you acknowledge that the clinic fee is non refundable in the event that you cancel unless a full replacement can be found.

Riders Signature: _____ Date: _____

Send form and payment to: *Lost World Farms, LLC*
5445 Hickory Ridge Road
Holly, MI 48442.