

Anita Adams

DRESSAGE CLINIC

Monday, March 24 through Thursday, March 27, 2025

Participant Name: _____

Address: _____

Phone: (____) _____ - _____

Email: _____

CLINIC FEES:

Riding Sessions: \$750.00/3days or \$500.00/2 days \$_____

Stabling: \$50.00/2 days or \$75.00/3 days (self-care) \$_____

Deposit: \$250.00 due now. Balance due March 1, 2025 \$ 250.00

Video: Available. Pay at clinic. \$_____

Spectators: \$50.00/day. \$_____

Total Amount Enclosed: \$_____

TOTAL BALANCE DUE: \$_____

No pets. Thank you for your understanding.

PLEASE SEND PAYMENT AS SOON AS POSSIBLE TO RESERVE YOUR PLACE - **SORRY NO REFUNDS**
NO EXCEPTIONS

LIABILITY WAIVER:

I hereby agree that Highland Stables, Highland Stables owners or management, the management of the clinic or any personnel associated with the clinic are not responsible for any injury to me or my horse, or any loss or damage to my property. Signing of this registration form is acceptance of this waiver.

Riders Signature: _____

Date: _____

Signature of parent or guardian if under 18 _____

Please mail registration forms and direct questions or comments to:

Martine Baccelleiri
Highland Stables
P.O. Box 704
Beavercreek, OR 97004

phone: (503) 632-4740 mobile: (503) 780-0548 email: fmmebacc@comcast.net web: www.highlandstables.net