

Bill Solyntjes Clinics

Clinic dates: _____

Name: _____

Address: _____

Phone: _____

Email: _____

Dates and times requesting to ride: _____

(Note: all dates and times are put into consideration and we will try to accommodate as much as we can)

Horse's name: _____

Breed: _____ Age: _____

Level of riding: _____

Any additional notes you would like clinician to know: _____

Please note that your slot is not held until payment has been received. No refunds will be provided. If you find that you are unable to ride Isabella Farms will try to replace your ride with someone else or you can find a rider to take your place. If Isabella Farms or you are unable to replace ride again there will be no refund. No exceptions.

All riders must have a liability form signed.

Please fill out an entry for each horse if riding multiple horses.

Please sign and date this entry from stating you understand everything regarding our no refund policy and everything else this form states.

Signature

Date

Print Name