

**..SARAH MARTIN CLINIC
OCTOBER 8 - 10, 2010
WOODRIDGE FARM**



We will all go out for dinner on Saturday evening-Dutch Treat.

Auditors are welcome, be sure to bring a chair.

Name:		
Address:		
City:	State	Zip Code
Email:	phone(s):	
Horse's Name:	Current level of riding:	

- \$110 per ride	\$ _____
-\$75.00 semi private(Find your own partner)	\$ _____
-Stall fee \$20 a night includes shavings	\$ _____
-day stall \$10	\$ _____
-Extra Shavings \$6/bag # of bags requested _____	\$ _____
-Auditing fee \$10	\$ _____
	Total
	\$ _____
Rider deposit \$50 due with this form	\$ _____

Balance due September 30th \$ _____

Miscellaneous Information: . A negative Coggins must be shown upon arrival. Riders must wear protective head gear & footwear with heels. Riders will be asked to sign a liability release before riding. Dogs are not permitted. **Make checks payable** to Karen Taylor and send to 6399 W 415, Adair OK 74330

If a semi private lesson, list partner: _____