**SHILLINGSTONE & DISTRICT RIDING CLUB**

**CLINIC ENTRY FORM**

**Clinic Name :-** ……………………………………………......................................

**Clinic Venue :-** ......................................................................................

**Instructor Name:-** .....……………………………...…………………......................

**Date:-** .....………….……... **Preferred Time :-**……………................................

|  |  |  |
| --- | --- | --- |
|  | **Member** | **Non-member** |
| **Individual** |  |  |
| **Pair** |  |  |
| **Group** |  |  |

**Tick as required**

**Name:-**................……………………………………………………………………..........

**Email:-..** ……………………………………………………….....................................

**Telephone / Mobile No:-**………………………………………………………...........

**Membership Number :-** ..................................

**Cheque enclosed for**: £ …………… *Payable to S&DRC*

Please provide any relevant information and experience about yourself, your horse or any special requests:

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Please send to the clinic organiser