



1061 Capella School Road, King, North Carolina 27021

Telephone: (336) 972-8897

www.tokotahorsestables.com

BEGINNER LEVEL GROUNDWORK AND RIDING CLINIC APPLICATION

Welcome to Tokota Horse Stables beginner level groundwork and riding clinic! Our goal is to make this clinic a pleasant experience for both you and the horse! Enjoy the clinic, and if you have any concerns, questions, or ideas, don't hesitate to let us know!

The total cost of this two (2) day clinic is \$260.00**, which includes pine shavings for stall use. This clinic is on a first come/first serve basis and the maximum number of participants we will be accepting for the clinic is ten (10), therefore, before we can reserve your spot, we MUST RECEIVE THIS APPLICATION, SIGNED PARTICIPANT RELEASE OF LIABILITY FORM and \$130.00** NON-REFUNDABLE DEPOSIT from you. Please fill this form out completely and return no later than March 20, 2010. The remaining balance of the clinic must be received by April 10, 2010. You may only bring one horse for the clinic and must use the same horse for both days of the clinic. Be advised that this is not a colt starting clinic, therefore, all participants must be able to control their horse at a walk and jog. **ABSOLUTELY NO STALLIONS!** Stalls are provided for Friday and Saturday night only and each participant is responsible for providing their own feed and mucking their own stalls. Please make arrangements to have your horse at the barn no later than 6:00 p.m. on Friday, April 16, 2010. You will need the following equipment for the clinic: Training rope halter and 14' lead rope; stick with string; saddle pad/blanket; saddle; 9' loop rein; and d-ring snaffle. If you need help with obtaining any of this equipment, please contact Gina McGee at 336.416.8700.

DATE: April 17 & 18, 2010 starting promptly at 9:00 a.m. (all day clinic) LOCATION: McGee Farms, King, NC

NAME: _____

FULL ADDRESS: _____

ZIP CODE: _____

PHONE (H): _____ PHONE (W): _____

AGE: _____

BIRTHDATE: _____

RIDING EXPERIENCE (CIRCLE ONE):

BEGINNER

ADVANCED BEGINNER

INTERMEDIATE

ADVANCED

PLEASE DESCRIBE RIDING EXPERIENCE IN MORE DETAIL:

DESCRIBE PHYSICAL AILMENTS/DISABILITIES THAT MAY AFFECT YOUR ABILITY TO PARTICIPATE IN HORSEBACK RIDING ACTIVITIES:

LIST ANY CURRENT MEDICATIONS: _____

FAMILY DOCTOR'S NAME AND PHONE: _____

INSURANCE CO. AND POLICY NO: _____

EMERGENCY CONTACT NAME AND PHONE _____

Signed

Printed Name

Please print this form and mail it along with your signed Participant Release of Liability Form and \$130.00** non-refundable deposit to:

Tokota Horse Stables

1061 Capella School Road

King, NC 27021

or you may hand deliver to Lisa Motsinger or Gina McGee

** (checks are to be made payable to Lisa Motsinger)