



Blue Goose Stable, LLC
Natural Horsemanship Now ! Fix It Clinic
Samuel Brown

Rider's Name: _____ E-Mail: _____
 Would you like to be added to our e-mail newsletter YES NO

Rider Address: _____ City: _____ State: _____
 Zip Code: _____ Home: () _____ Cell: () _____

Horse Name: _____
 Level of Experience: _____ Level Showing at? _____
 What do you hope to gain from the clinic? _____



Make Checks Payable to: **Blue Goose Stable, LLC**
 Include a current coggins report with in 12 months of camp dates, the application and deposit.
 Mail to: **Blue Goose Stable, LLC ~ 210 White Horse Rd~ Cochranville~PA 19330**



If the participant cancels for any reason, a full refund will be given **ONLY** if the spot can be filled by the organizer.



Choose Session Type

60 min Semi Private	\$55
	\$
clinic fee due by March 29th, 2010	CK #
	\$

Clinic Times Request
 clinic begins at 9 00 am

Please attach a
 Bio of you and your
 horse.

Warning: Under Pennsylvania law an equine professional and equine activity sponsor is not liable for an injury to or death of a participant in equine activities resulting from the inherent risks of equine activities.

I/We acknowledge that equine activities are a high risk activity. In consideration of the acceptance of this entry, whether I am mounted or unmounted, I release and in addition hold harmless Blue Goose Stable, LLC & Yarmouth Stables, LLC, it's owners and agents, of and from any and all claims and demands of every kind which I may have or hereafter acquire for bodily injury, death, or property damage and from all liability for negligent acts or omissions

Signed: _____ Date: _____
 (Parent or gardian if under 18 years old)

