

Larkin' Hill Clinic

with

Eric Horgan

Wed, Nov 7th :: Thurs, Nov 8th

515 County Route 32, North Chatham, NY

DRESSAGE ** JUMPING

Private: \$125

Semi-Private: \$95/rider

Group (3): \$85/rider

Opening Date: Immediately

Closing Date: Mon, Nov 5th

Clinic Rules:

- If you have not ridden with Eric before you will need to do a flat lesson before taking a jumping lesson
- All horses must have proof of 12-month negative coggins (may be on file)
- All riders must wear a certified helmet with attached chinstrap at all times when mounted on the property
- Management reserves the right to refuse any application for any reason

Application form and check must be received before you are placed in the schedule. No exceptions.

Directions and other information available on website - www.larkinhill.com
Questions? Call Margie at 518.441.2176 or email at mhutch5100@aol.com



Application

Make checks payable to: Larkin' Hill

Mail to:

Margaret Hutchison | PO Box 300 | North Chatham, NY 12132

Email: mhutch5100@aol.com | Phone: 518.441.2176

Rider's Name: _____

Address: _____

Phone: _____ Cell: _____

Email: _____

Horse's Name: _____

Goals you hope to accomplish: _____

I would like to ride (please check the following)**

~ Please specify AM or PM; type of lesson - flat or jump and Pvt. Semi-Pvt, XC or Group

DAY	OPTIONS			RIDING LEVEL
__ Wed (11/7)	__ AM __ PM	__ Flat __ Stadium	__ Pvt (\$125) __ Semi-Pvt (\$95/rider) __ Group (\$85/rider)	
__ Thur (11/8)	__ AM __ PM	__ Flat __ Stadium	__ Pvt (\$125) __ Semi-Pvt (\$95/rider) __ Group (\$85/rider)	

Total Enclosed: \$ _____

Stabling may be available; check with Margie before sending payment.

\$25/night

*** Every effort is made to accommodate your requests, but scheduling is challenging, so nothing is guaranteed.
Thank you for your understanding.*

I, the undersigned, agree to hold harmless all property owners, Larkin' Hill, Margaret Hutchison and any of the clinician(s), and any and all employees of Larkin' Hill, free from any claim of whatever nature that may be occasioned by me or any and all horses exhibited or controlled by me, and to repay the property owners on demand for any and all damages they may sustain by reason of any claim or demand occasioned as aforesaid. I further agree to wear appropriate protective headgear with chinstrap properly attached at any time while mounted on a horse on the clinic property.

Rider Signature (or signature of Parent/Guardian if rider under 18 years of age)