

APPLICATION
for
GERHARD POLITZ CLINIC AT BRAEBURN FARM
April 27-28, 2013

Rider's Name: _____

Address: _____

Email: _____

Phone: _____

Horse's Name: _____

Age and Breed and Gender: _____

Approximate level of training: _____

I will need a stall: Friday: _____ Sat: _____

I understand that the cost for the clinic is \$380, payable to Cindy Sydnor, which includes a stall for my horse and lunch for me both days. I will send or bring a current Coggins Test for my horse.

I understand the possible dangers of activity with horses and will not hold Cindy or Charles Sydnor, or Gerhard Politz responsible or liable for any loss of belongings or injury to myself or my horse.

Signed: _____

Please print your name: _____

Date: _____

Please let me know if you have special requests or questions!

I look forward to seeing you,

Cindy.....

