

CLINIC BOOKING FORM

Name _____

Address _____

E mail _____

Tel No _____

Horses Name _____

Junior / Senior (please delete)

Training clinic / Trainer

Date of clinic _____

Preferred time _____

Cost £ _____ (cheques to THRC)
** Separate cheque for each clinic please.*

Preferred level Very Novice
 Novice
 Novice/Inter
 Intermediate
 Advanced

If jumping, please state height of fences
currently jumping (e.g.2'/3'6") _____

Once you have completed this form, please send it
together with your cheque to: -

Tanya Hutchby, Quay Farm House, Quay Lane,
Beaumont, Essex, C016 OBB

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