



SUZI GORNALL CLINIC AT KINGSBURY HILL

REGISTRATION FORM

June 1 & 2, 2009

NAME OF RIDER _____

NAME OF PARENT/GUARDIAN _____

MAILING ADDRESS _____

DAYTIME TELEPHONE (_____) _____ **CELL PHONE** (_____) _____

E-MAIL _____

I AM ATTENDING BOTH DAYS JUNE 1-2 _____ **IF ONLY ATTENDING ONE DAY WHICH**

DAY DO YOU PREFER: JUNE 1 _____ **JUNE 2** _____

I AM UNABLE TO ATTEND THE CLINIC BUT WOULD LIKE TO ARRANGE FOR PRIVATE LESSONS please make note of which day(s) and how many: _____

RIDER'S LEVEL OF EXPERIENCE (*tell us a bit about what you have been working on*)

DRESSAGE _____

X-COUNTRY _____

SHOWJUMPING _____

HORSE'S LEVEL OF EXPERIENCE (*tell us a bit about what your horse has been working on*)

DRESSAGE _____

X-COUNTRY _____

SHOWJUMPING _____

RIDER'S CURRENT COMPETITION LEVEL _____

LEVEL HORSE HAS COMPETED _____

STABLING AND/OR BUNKHOUSE DATES _____

SPECIAL REQUESTS/COMMENTS _____

PLEASE MAIL REGISTRATION FORM, RELEASE FORM, CURRENT NEGATIVE COGGINS, AND A DEPOSIT OF
\$75 payable to Lisa Campbell TO:

SUZI GORNALL CLINIC
KINGSBURY HILL
651 DENNISON POND RD.
FRANDESTOWN, NH 03043

CONTACT US AT 603-547-6624
or email lisa@kingsburyhill.com
IF YOU HAVE ANY QUESTIONS