



Venue:  Clinic Date:

### Rider Info

Name:	<input type="text"/>	Address:	<input type="text"/>
Email:	<input type="text"/>	Address:	<input type="text"/>
Home Tel:	<input type="text"/>	Town:	<input type="text"/>
Mobile Tel:	<input type="text"/>	County:	<input type="text"/>
DOB:	<input type="text"/>	Postcode:	<input type="text"/>
Medical Issues:	<input type="text"/>	Rider Experience:	<input type="text"/>

### Horse Info

Name:	<input type="text"/>	Sex: Mare / Gelding / Stallion
Height:	<input type="text"/>	Age: <input type="text"/>

### Ability (for groupings)

Horses Experience:	<input type="text"/>	Horse/Rider Combination Aims:	<input type="text"/>
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### Special Instructions/Requests

Special Instructions or Requests:

Please make cheques payable to Tom Crisp. In the event that you cancel your booking a refund will only be given if your place can be filled (less 10% for administration charges). If cancellation is caused due to bad weather or any other insurmountable problem a refund (less 10% for administration charges) will be given. We will send you confirmation of acceptance including details of when to telephone for group times. In the event of your chosen clinic being full you will be put on a waiting list- your payment will only be processed if a suitable place becomes available. No vet or ambulance will be present, however the relevant vet in the area will be alerted. The organisers do not accept liability for any injury, death or other loss, how ever caused, to any of those attending the above clinics and technique sessions in whatever capacity. The organisers shall not be liable to make good any losses or consequential losses caused by any delays in or cancellations of the of the above events due to circumstances beyond their control. We will store your details to administer the clinic but we will not keep them longer than necessary. Under the Data Protection Act you are entitled to a copy of all the information we hold about you and we are entitled to ask you to pay for this. We may pass your details to other companies whose products and service we feel may be of interest to you. If you would prefer not to receive such information please tick this box.

### PLEASE RETURN

This complete and signed form and your cheque to:  
Tom Crisp Training Clinics  
Knowle, Newick Lane  
Mayfield  
East Sussex  
TN20 6RD

Riders Signature  
(or parent/guardian if rider is under 18 years old)

