



Eventing Clinic Application 2009

Valinor Farm
 1067 Old Sandwich rd
 Plymouth, MA 02360
 (508) 224-3332
www.valinorfarm.com
valinorfarm@valinorfarm.com

Valinor Farm Eventing Clinic 2009 Monday – Thursday, August 3 - 6

Applicant Information:

Name (Last, First, Middle):

Age Date of Birth Sex M F

Home Address:

City: State: Zip:

Home Phone: Email:

Please describe your current riding level and your horse's experience:

Parent or Guardian Information:

Name (Last, First, Middle):

Address (if different than above):

Home Phone: Email:

Emergency phone number:

Please make checks payable to: Valinor Farm
There will be a \$25.00 fee for returned checks.

Amount

\$450

Include \$100 non-refundable deposit with this application \$100

**Use of a school pony is an additional fee of \$150 and must be sent in with your initial deposit.* \$150

Balance due one week before Program session begins \$350

Warning Under Massachusetts Law, an equine professional is not liable for injury to, or the death of, a participant in equine activities resulting from the inherent risks of equine activities, pursuant to Chapter 128, Section 2D of the General Laws.

I AGREE TO ABIDE BY THE RULES OF VALINOR FARM AND WILL NOT HOLD VALINOR FARM RESPONSIBLE FOR INJURY AND/OR DAMAGE TO STUDENT OR EQUIPMENT.

Date _____

Original Signature of Parent(s) or Legal Guardian