

Driving Clinic With LISA SINGER
 NOVEMBER 15 & 16, 2008
 THE CARRIAGE BARN EQUESTRIAN CENTER
 NEWTON, NH

REGISTRATION FORM

Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

E-mail: _____

- | | | | |
|---|------|--|-------|
| <input type="checkbox"/> Auditing (Adult, one day).... | \$35 | <input type="checkbox"/> 45-Minute Private Lesson.... | \$100 |
| <input type="checkbox"/> Auditing (Junior, one day).... | \$25 | <input type="checkbox"/> Participant / Dinner Package.... | \$130 |
| <input type="checkbox"/> Auditor / Dinner Package.... | \$70 | <input type="checkbox"/> Accommodations | \$85 |
| <input type="checkbox"/> Dinner Saturday Evening....
(Roundtable discussion & Dinner with Lisa Singer) | \$40 | (per room, per night, dbl occ, shared bath)
_____ Guest(s) overnight (circle):
Friday Saturday Sunday | |
| <input type="checkbox"/> Day Stall (per horse, per day)....
_____ Horse(s) Day stall (circle):
Saturday Sunday | \$20 | <input type="checkbox"/> Stabling (per horse, per night)....
_____ Horse(s) Overnight (circle):
Friday Saturday Sunday | \$35 |

Registration must be postmarked by **November 1st**. Please make checks payable & mail to:

The Carriage Barn
 6 Sarah's Way
 Newton, NH 03858

Preferred times (please give 3 choices – marked 1st, 2nd & 3rd choices):

	8:30	9:15	10:00	10:45	11:30		1:15	2:00	2:45	3:30
Saturday a.m.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	p.m.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sunday a.m.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	p.m.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Current Negative Coggins & Liability Waiver are required (see reverse). Helmets are required for participants & grooms.

Cancellation / Refund Policy
 Full refund if program is canceled. Other refunds given at the sole discretion of The Carriage Barn.

Name(s) of Horse(s): _____

Breed(s) of Horse(s): _____

Driving: Single Pair

Level of Experience: _____

- Competitive Driver
- Pleasure Driver
- ADS Member

Goals for this clinic: _____

Confirmation will be sent to you with your lesson time. For more information: Phone: 603-378-0140,
 E-mail: carriage-barn@comcast.net, Website: www.carriage-barn.com

RELEASE AND HOLD HARMLESS AGREEMENT

(Must be filled out completely, signed and submitted with your registration form)

WHEREAS, the UNDERSIGNED, _____, acknowledges the inherent risks involved in riding and working around horses, which risks include bodily injury and death from using, riding or being in close proximity to horses, among other risks, and further, that both horse and rider can be injured in normal use or in competition and schooling;

IN CONSIDERATION, therefore, for the privilege of riding and/or working around horses at **The Carriage Barn Equestrian Center**, Sarah's Way, Newton, NH, the Undersigned does hereby agree to hold harmless and indemnify **The Carriage Barn, LLC, Ann Miles, Builder, Inc, and Ann Miles**, and all subcontractors or clinicians of same.

FURTHER, _____, releases them from any liability or responsibility for accident, damage, injury, or illness to the Undersigned or any horse or equipment owned by the Undersigned or to any family member or spectator accompanying the Undersigned on the premises of **The Carriage Barn Equestrian Center, Sarah's Way**, Newton, NH.

Date: _____

Signature

The Carriage Barn, LLC
6 Sarah's Way
Newton, NH 03858

Please Print Name & Address

Telephone Number

Signature of Parent or Guardian
(if under 18)

Emergency contact: _____
(Name & Phone)
