

"County Line" Confidence Clinic Registration Form

County Line Stables LLC

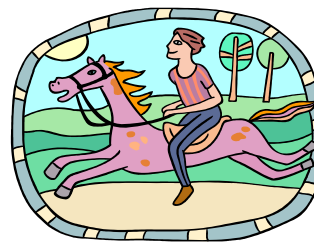
2008 County Line Rd.,

DePere, WI 54115

Email: draboine@hotmail.com

PH: 920/869-2024 or 277-4349

Owner: Deborah Burkland



Name: _____

Street Address: _____

City, State, Zip: _____

Age _____ Birth Date: _____

Day Phone: _____ Cell Phone: _____

E-mail Address: _____

Shirt Size:

Youth ____S ____M ____L ____XL

Adult ____S ____M ____L ____XL

Any food allergies? _____

Please note any physical, mental, or emotional needs that we should consider when instructing this student:

Any prior riding experience??

Western _____ English _____

For safety, we require boots or shoes with a heel and long pants. (No tennis shoes) (Please dress according to weather.) Riding helmets are required for ages 18 and under – we have them available for use here, but it is acceptable to bring their own.

____ New Rider

____ Returning Rider

Return a \$20 deposit by the deposit due date (DDD) for each session selected. (non-refundable) Please select which session you or your child will be attending.

<u>Session</u>	<u>Deposit Due</u>	<u>Cost</u>
____ Aug. 24th	8/17/13	\$75.00
____ Sept. 7th	8/31/13	\$75.00

Clinic Time: 9:00am – 12:30pm

If you would like to pay the entire amount at this time, please do so. Otherwise the *balance due* must be received by Deborah Burkland the day of Camp when you arrive.

Amount enclosed \$ _____

☐ cash ☐ check #

(payable to Deborah Burkland or County Line Stables)

Signature: _____

*****Note: Please return this registration along with "signed" Liability Release form attached. We cannot proceed without this. Thank you.**



Ask about Riding Lessons at CLS