



Centered Riding® All-Level Instructor Update Clinic

DATES:

August 31 – September 3, 2017

LOCATION:

**The Horse Park of New Jersey
626 Route 524
Allentown, NJ 08501**

CLINICIANS:

Gail Field and Susan Harris

Join us for this all-level instructor update clinic at a super venue. The Horse Park of New Jersey is centrally located with indoor and outdoor arenas; stabling on the grounds, in a beautiful, park-like setting. Hotel accommodations are available close by and a limited number of bedrooms at the Park will be available on a first-come, first-serve basis.

Optional lessons with the clinicians may be scheduled for the day before and the day after the clinic. Ask about our early bird special if you sign up before April 30th!

Student Riders are needed and encouraged to sign up!

For more information or to register, please contact:

CLINIC ORGANIZER:

**Kathy Culler
973-349-2135
kathy@kathyculler.com**

Centered Riding All-Level Update Clinic

August 31 – September 2, 2017

The Horse Park of New Jersey
626 Route 524 • Allentown, NJ 08501

FIRST NAME: _____ LAST NAME: _____

ADDRESS: _____

CITY: _____ STATE/ PROV: _____ POSTAL CODE: _____ COUNTRY: _____

HOME PHONE: _____ CELL PHONE: _____

EMAIL: _____ CR INSTRUCTOR LEVEL: _____

CLINIC FEES

UPDATING INSTRUCTOR (ride all 4 days)	✓ \$575 <input type="checkbox"/> if paid in full by 3/31/17	✓ \$600 <input type="checkbox"/> if paid in full by 4/30/17	✓ \$625 <input type="checkbox"/> if paid in full by 5/31/17	✓ \$650 <input type="checkbox"/> if paid in full 6/1/17 or later	Amount \$ _____
STUDENT RIDER (ride all 4 days)	✓ \$225 <input type="checkbox"/> if paid in full by 3/31/17	✓ \$255 <input type="checkbox"/> if paid in full by 4/30/17	✓ \$275 <input type="checkbox"/> if paid in full by 5/31/17	✓ \$300 <input type="checkbox"/> if paid in full by 6/1/17 or later	Amount \$ _____

I will arrive on: Date: _____ Approx. Time: _____ I will arrive on: Date: _____ Approx. Time: _____

☐ I can bring an extra school horse for someone to use. Stall fees for extra horse are waived. Horse must be safe and suitable for clinic riders and will be matched to appropriate rider. Clinic organizer will discuss with you.

NOTE: You will be responsible for taking care of your own horse, including setting up stall at the start of the clinic, cleaning out the stall at the end of the clinic; and all horse feeding and stall maintenance each day. Please bring your own water buckets, hay, feed, and bedding. Bedding (bagged shavings) are available for purchase and will be delivered to your stall(s) but must be ordered by August 23rd. Rick's Saddle Shop in Cream Ridge is close by if you forget or need anything. ***If you are using someone's school horse, you will be expected to help out the horse owner, as needed.***

STALLS: I need _____ stall(s) for my horse(s): Stall Fee: \$30/day per horse	Day Before Clinic WED 8/30 <input type="checkbox"/>	Clinic Day 1 THUR 8/31 <input type="checkbox"/>	Clinic Day 2 FRI 9/1 <input type="checkbox"/>	Clinic Day 3 SAT 9/2 <input type="checkbox"/>	Clinic Day 4 SUN 9/3 <input type="checkbox"/>	Day After Clinic MON 9/4 <input type="checkbox"/>	Amount \$ _____
CAMPER: I need a camper hookup on: Camper hookup fee: \$25/day	WED 8/30 <input type="checkbox"/>	THUR 8/31 <input type="checkbox"/>	FRI 9/1 <input type="checkbox"/>	SAT 9/2 <input type="checkbox"/>	SUN 9/3 <input type="checkbox"/>	MON 9/4 <input type="checkbox"/>	Amount \$ _____
SCHOOL HORSE: I need a school horse on: <i>School horses are subject to availability</i>	WED 8/30 <input type="checkbox"/>	THUR 8/31 <input type="checkbox"/>	FRI 9/1 <input type="checkbox"/>	SAT 9/2 <input type="checkbox"/>	SUN 9/3 <input type="checkbox"/>	MON 9/4 <input type="checkbox"/>	Amount \$ _____
AUDITORS: \$20/day: <i>Some auditing restrictions may apply</i>	WED 8/30 <input type="checkbox"/>	THUR 8/31 <input type="checkbox"/>	FRI 9/1 <input type="checkbox"/>	SAT 9/2 <input type="checkbox"/>	SUN 9/3 <input type="checkbox"/>	MON 9/4 <input type="checkbox"/>	Amount \$ _____

Refunds: By booking this clinic, you are holding one of a limited number of spots. Refunds will be given in full if requested in writing on or before 4/30/17. After 4/30/17, refunds will be given (less a \$25 administrative fee) if your spot can be filled by someone else. Full refund will be given if organizer cancels clinic.

☐ I have enclosed a check(US checks only) for the total owed, **made payable to: Horse Park of NJ**

☐ I want to pay the total amount owed by credit card.

Credit cards accepted: ☐ VISA ☐ MASTERCARD ☐ AMERICAN EXPRESS ☐ DISCOVER

Credit Card Number: _____ Expiration Date: _____ Security Code: _____

Name on Card: _____ Signature: _____

Return Completed Registration Form To:
Kathy Culler, 7 Stone Hill Road, Cream Ridge, NJ 08514

Have Questions or need more info? Contact Kathy:
phone: 973-349-2135 or kathy@kathyculler.com

TOTAL AMOUNT OWED:
\$ _____