

# Charles de Kunffy Clinic Rider Application

Rider Name: \_\_\_\_\_ DOB (if under21): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact Info: \_\_\_\_\_

Relationship: \_\_\_\_\_

Horse's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ HH: \_\_\_\_\_

**Bio of Horse & Rider:** Please state what level horse/rider, goals, problems. etc.

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Please check appropriate boxes (please submit 2 applications if participating in both clinics)

Preference will be given to person able to ride all 3 days

\_\_\_\_\_ 40 minute private \$285.00 per ride, \$310.00 after pre-registration closing date

\_\_\_\_\_ 40 semi-private \$180.00 per ride (try to match w/ similar level), \$205.00 after pre-registration closing date

**Clinic 1** \_\_\_\_\_ May 3-5, 2019 Must register by April 15th , 2019 for lessor rate

**Clinic 2** \_\_\_\_\_ October 11-13, 2019 Must register by September 20th, 2019 for lessor rate

**Private Ride** \_\_\_\_\_ **Semi-Private Ride** \_\_\_\_\_

Friday \_\_\_\_\_ Saturday \_\_\_\_\_ Sunday \_\_\_\_\_

***A lecture will be held either Friday or Saturday, the day and time will be determined closer to clinic date.***

**Stabling \$20.00 per day** (please provide your own hay & grain, bedding will be provided)

Thursday \_\_\_\_\_ Friday \_\_\_\_\_ Saturday \_\_\_\_\_ Sunday \_\_\_\_\_

**Total amount is due to reserve ride:** \_\_\_\_\_ **Make check payable to Topline**

**Stables**

**Mailing Address:**

**Topline Stables, PO Box 371, Hiram, OH 44234-0371**

**Barn Address:**

**1109 Aurora-Hudson Rd., Aurora, OH 44202**

Any questions: 440-666-6182 cell

janeengrava@earthlink.net