

Jan Ebeling 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.

Please check appropriate lines. (please submit separate applications if participating in more than one clinic)

45 minute private \$335.00 per ride, \$360.00 after pre-registration closing date

Dates:	June 22-23, 2019	Clinic 1 Pre-registration due by May 30th, 2019
	Aug. 31-Sept. 1, 2019	Clinic 2 Pre-registration due by Aug. 5th, 2019
	November 2-3, 2019	Clinic 3 Pre-registration due by October 7th, 2019

Clinic 1 June 22-23, 2019 Saturday _____ Sunday _____

Clinic 2 Aug. 31-Sept. 1, 2019 Saturday _____ Sunday _____

Clinic 3 November 2-3, 2019 Saturday _____ Sunday _____

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

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

Any questions: 440-666-6182 cell

Barn Address:

1109 Aurora-Hudson Rd., Aurora, OH 44202

janeengrava@earthlink.net