



Blackdown Hills Cross Country

# Clinic Booking Form

Clinic Name: \_\_\_\_\_

Date: \_\_\_\_\_

Name: \_\_\_\_\_

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

Email \_\_\_\_\_

Age (if under 18) \_\_\_\_\_

Phone \_\_\_\_\_

Cheque enc £ \_\_\_\_\_

May we pass your  
address on to a  
photographer if there is  
one at the clinic?  
\_\_\_\_\_

Full refunds will be given where cancellation received more than 14 days before the clinic. Otherwise a refund will be made if the place is filled from the wait list.

Please give information about your experience and that of your horse overleaf.

Please make cheques payable to Blackdown Hills Cross Country

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