

# Great Bookham Equestrian Centre

## BOOKING FOR CLINIC

CLINIC/S \_\_\_\_\_ DATE/S \_\_\_\_\_

Rider's name \_\_\_\_\_ Daytime phone no. \_\_\_\_\_

Eve phone no. \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

Time restrictions / requests \_\_\_\_\_ Horse's name \_\_\_\_\_ Age \_\_\_\_\_

**COMPLETE IF RELEVANT TO YOUR BOOKING:**

**SHOW JUMPING:** What height do you want to jump? \_\_\_\_\_

**DRESSAGE:** Level working at \_\_\_\_\_ Prefer: BD Intro B \_\_\_\_\_ or Prelim 18 \_\_\_\_\_

Declaration: I am competent for the level of training I am applying for and agree to abide by rules \_\_\_\_\_

Entries to: Clinics Secretary, Great Bookham Equestrian Centre, Dorking Road, Great Bookham, Surrey, KT23 4PZ. Cheques payable to GBEC.

CLOSING DATES: FIRST POST 7 DAYS BEFORE EACH CLINIC (e.g. Wednesday clinic closes Wednesday prior)

Bookings will be confirmed during week prior to clinic. Refunds will only be given with a vet's or doctor's certificate.

**ALL CLINICS ARE DEPENDENT ON WEATHER/GROUND CONDITIONS – IF IN DOUBT PLEASE PHONE 07957 224205**

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