

Nona Garson Clinic @ The Ridge at Riverview

3 Wolverton Road Asbury, NJ 08802

Registration Form

August 15, 2019

Rider Name: _____ Circle one: Junior or Adult

Rider Address: _____

Email Address: _____

Phone Contact Number: _____

Name of Horse: _____ Sex: _____ Height: _____ Color: _____

Please circle desired jumping height: 2'-2'3", 2'6"-2'9", 3'-3'3", 3'6" and up

Groups will be customized as the date approaches based on rider/horse height requirements.

All horses must be up to date on vaccinations and provide proof of current negative coggins.

Please briefly describe your riding level, height you are currently jumping and show experience as well as your horse/pony's experience:

1-Day Clinic Fee \$250 (based on availability) _____

Each rider is allowed to bring 2 auditors, additional auditors will be allowed at a fee of \$25

Stalls \$100/day (as available). Bedding available upon request.

Please Submit Form Via One of the Following Methods:

FAX: 908-479-6158 Email: info@ridgeshowjumping.com US postal: 3 Wolverton Road, Asbury NJ 08802

Reservations will only be confirmed upon receipt of payment.

Circle One: Cash Check VISA MC AMEX

Credit cards will be subject to a 4% convenience fee.

Card Number: _____

Exp. Date: _____ CID: _____

Billing Name for Credit Card: _____

Credit Card Billing Address: _____

Zip Code: _____ Email: _____ Phone: _____