

Clay Wright Horsemanship Schools

General Information and Pre-Registration Form

- A Waiver is required from all class participants. ***Please sign Waiver and return with deposit to your Clinic Sponsor — Make class fee checks payable to Clay Wright.***
- Enrollment is on a first-come, first-serve basis.
- A Non-Refundable pre-payment in full of \$_____ is required to hold your Space.
- A deposit is considered a commitment to ride. Refunds will only be given for emergencies at the discretion of Clay Wright.
- All students signed up for a class may observe the other classes/lessons at no additional charge — ALL OTHER AUDITORS WILL BE CHARGED A SPECTATOR FEE. **\$25.00 PER DAY.**
- We recommend that you bring an offset Dee Ring Snaffle or Egg Butt Snaffle bit, or a hackamore. (Bosal —not a mechanical hack.) A rope halter is suggested as well.
- Please have horses up to date on all vaccinations. If you are traveling out of state, check with your Veterinarian for papers required.
- Please contact sponsor in advance for specifics on boarding, feed, care and stall care as each location may vary.
- Any participant under 18 years of age, paid enrollment allows you to be accompanied by one parent or guardian at no additional cost—SPECTATOR FEE APPLIES TO ALL OTHERS.
- Arena fees will be divided among all participants and handled by the sponsor.
- PLEASE NO VIDEOS OR PICTURES ALLOWED WITHOUT PERMISSION FROM Clay Wright. *See Video Release Form—please sign and return with deposit and release form.*

For Scheduling, Sign-up Forms, and Questions:

Contact Clinic Sponsor,

Sponsor Name: _____

Phone: _____

Email: _____

Clay Wright Horsemanship Schools

PRE-REGISTRATION FORM – PRIVATE LESSONS

Participant Name

Address

Phone

Email

NOTE:

Non-Refundable **PAYMENT IN FULL** is required to hold your space in the clinic.

Class sizes are limited.

Stall and arena fees are in **addition** to class fees.

Contact the clinic sponsor/organizer with questions, or for more information.

<https://claywrighthorsemanship.com/>

PRIVATE / INDIVIDUAL LESSONS

\$100.00 per 1-hour Session

NUMBER of Sessions: _____

Total Due: \$ _____

Deposit: \$ _____

Amount Paid: \$ _____

*Make checks payable to: **Clay Wright***

Mail your deposit & forms to Clinic Sponsor/Organizer:

Sponsor: _____

Address: _____

Email: _____