



# Clay Station Horse Park

## Larry Brinker Clinic #2

April 23 – 24 – 25 – 28, 2025

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

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

CDE Level: \_\_\_\_\_ Type Of Horse(s)/Pony(s): \_\_\_\_\_

### Goals:

<b>Lessons:</b> \$100/ea	Number of Lessons: _____  <table border="0"> <tr> <td style="text-align: center;">Day/Time (Weds, Thurs, Fri, Mon)</td> <td style="text-align: center;">Type (Dressage, Marathon, Cones)</td> </tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> </table>	Day/Time (Weds, Thurs, Fri, Mon)	Type (Dressage, Marathon, Cones)	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	\$
Day/Time (Weds, Thurs, Fri, Mon)	Type (Dressage, Marathon, Cones)															
_____	_____															
_____	_____															
_____	_____															
_____	_____															
_____	_____															
_____	_____															
<b>Paddocks:</b> \$20/day	Number of Paddocks _____ x Number of Days _____	\$														
		\$														

### Required Forms:

- ☐ Complete Clinic Entry Form
- ☐ Signed Check
- ☐ Signed CSHP Release Form

Signups are processed on a first come, first served basis. With received payment, preferred dates and times will be honored in the order of postmark and/or date/time hand delivered to the office. An email, text, or a call will not hold your lesson or day/time request. Due to typically complex scheduling, not all day/time/scheduling requests can be honored, and we kindly request that there be no last-minute additions/requests after signing up. There will be NO refunds once payment is received unless the canceled spot(s) can be filled.