

Briarrose Stables
2023 Ron Pyne Clinic Application

Participant Name: _____

Participant Age: _____ Phone #: _____

Email: _____

Emergency Contact Name: _____

Emergency Contact Phone Number: _____

Medical Conditions: _____

Name of Equine: _____

Equine Age: _____ Equine Breed: _____

Stabling required: ____ YES ____ NO Turn Out Required: ____ YES ____ NO

(Please bring your own feed, hay and bedding. Clean stall before leaving the premises)

\$400.00 Deposit Sent Date: _____ Received: _____

\$450.00 Remaining Balance Date: _____ Received: _____

(e-transfer to beth@briarrosestables.com password: clinic2023)

Signature: _____

Signature of Parent/Guardian if Participant is under 19 years of age:
