

Cross Country Clinic

Application Form

Any queries please call Euan Hussell on 07958 557878

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|--|--|--|
| Clinic Date | | |
| Name | | |
| Address | | |
| Telephone number | | |
| Horses Name Age and Size | | |
| What is your current ability | | |
| Do you have a particular issue you wish to deal with | | |
| Any Dietary Requirements | | |

Disclaimer : Stony Stratford Riding Club or the landowners will not held themselves responsible for any incident or injury to owners, riders, spectators, whatsoever or however caused. It is a condition of use of the course that each person shall agree to indemnify the proprietors and SSRC against any legal action from any such incident. Hats to current standard and body protectors must be worn. Participants or their guardians give permission for any photographic or film footage taken when participating in events to be used and published in any media for information or advertising purposes by or on behalf of SSRC.

Signed : _____

Please make cheques payable to Stony Stratford Riding Club

Send completed form and payment to Euan Hussell
Stony Stratford Riding Club
C/o Plum Park Farm
Watling Street
Paulerspury
Northants NN12 6LQ