**Area 4 Dressage Camp**

**CAMP 1. 25th-27th August 2021**

**CAMP 2. 27th-29th August 2021**

|  |  |
| --- | --- |
| **Please PRINT** and complete fully then return to address below. .**PLEASE PRINT CLEARLY** |  |
| **Camp1. 25th-27th August 2021 pleae tick** |  |
| **Camp 2. 27th-29th August 2021 please tick** |  |
| Riding club:  |  |
| BRC number:  |  |
| Name: |   |
| Date of birth if Jnr member: |  |
| Full Address: |  |
| Daytime telephone:  |   |
| Evening telephone:  |   |
| e-mail address:  |   |
| any requests / information for the trainer   |  |
| Cost per horse inc lessons £250 | £ will be adjusted if catering is restricted |
| 2nd horse – including training (no rider food) £200 |  |
| **Deposit: £50 : Due by 25th July 2021** |  |
| **Balance: £200 Due by 9th August 2021** |  |
| Stabling inc bedding @ £25 per nights. SEE SEPERATE FORM Provide own hay / haylagr & hard feed for duration of camp. | Total to pay: £ |
| Extra Shavings @ £7.50 no required | Total to pay: £ |
| *Hook-up @ £31.50 duration of camp N/A* | *N/A* |
| Guest meals (please complete separate form)  | Payment seprerat on arrival at camp |
| Cancellation policy – we reserve the right to keep your deposit if we cannot fill your place. MS./ area 4 committee |  |
| PLEASE PRINT CLEARLY |  |
| **Emergency contact information:** |  |
| **contact 1.**  |  |
|  |  |
| **Contact 2.**  |  |
|   |  |
| **Medical Notes**: |  |
|   |  |
| Special dietary requirements: |  |
|  |  |
| Guest Name:  |  |
| **Extra meals** can be provided at a cost if you are inviting a guest into camp. Please complete separate form FORM ON REQUEST |  |
| Notes:  |  |
| I understand that all activities are voluntary and that I do not have to participate. It is understood that these activities are potentially dangerous, and that by participating, I voluntarily accept and assume the risk of personal injury or damage to property.I am intending to use my own judgment and knowledge as to what activities I attempt to take part in. At all times, I will take into account the experience, capabilities and skill level of myself and my horses, regardless of others motivating me.In the event of any accidents or injury to myself, other persons, animals or property I will not hold the Venue, staff, trainers or the organiser responsible.Only sign below if you accept all the contents: I have read and agree to the above conditions. |  |
| Signed: |   |
| Dated: |   |
| Please send to:**Margaret Smith****9 Pinfold Lane****Norton****Doncaster****Sth Yorkshire****DN6 9HZ****CLOSING DATE 25th July 2021**payment details:ref: NAME & CLUBBarclays Banka/c 80175846sort: 20-89-68 Balance to be paid in full **no later than** **9th August 2021**If you have any queries please ring or emailsmithmags@btinternet.comMaggie - 07905692423 |  |