

## CLINIC BOOKING FORM

Kris De Doncker - Feb 2012

Venue: Bloomfield Farm

Please complete this form and return via post or fax, 03 5626 7090.

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One form for each Horse & Rider Combination

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

Address: \_\_\_\_\_

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

Next of Kin: \_\_\_\_\_ Contact No. \_\_\_\_\_

Horse's Name: \_\_\_\_\_

Sire / Dam's Sire: \_\_\_\_\_

Age of Horse: \_\_\_\_\_ Sex: Mare / Gelding / Stallion

Level of Training: \_\_\_\_\_

Stabling Required: Yes / No Date In: \_\_\_\_\_ Date Out: \_\_\_\_\_

Stable Cost: \$15 per day or any part thereof or \$25 (Cleaned) per day \_\_\_\_\_

Rider Accomodation: Yes / No (Very limited accommodation available)

Clinic Attending: 11<sup>th</sup> - 13<sup>th</sup> (Clinic 1)  Cost: \$150 per day

14<sup>th</sup> - 16<sup>th</sup> (Clinic 2)  Cost: \$150 per day

18<sup>th</sup> - 20<sup>th</sup> (Clinic 3)  Cost: \$150 per day

Full Payment (clinic and stabling) is required by 1<sup>st</sup> February 2012

Payment via cheque or direct deposit to: Bloomfield Farm BSB: 083 953 Acc: 79732 6461

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I hereby acknowledge that I ride at my own risk and that I am aware that activities involving horses can be hazardous and that Bloomfield Farm Pty Ltd and/or Kris De Doncker accepts no responsibility or liability for any injury or loss that I or my horse might sustain as a direct or indirect consequence of the activities of the clinic whether such injury is a consequence of any act or omission by Bloomfield Farm Pty Ltd, Kris De Doncker or their, agents, representatives, employees or volunteers. On the basis of these conditions I hereby indemnify them against all liability (including property damage) arising out of or in connection with my participation in this event to the fullest extent permitted by law.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_