

TRI-ZONE REACT TRAINING CLINICS BOOKING FORM

VENUE:.....

DATE:.....

PREFERRED TIME: AM PM (Please tick preferred time)

NAME:.....

RIDER:.....

AGE OF RIDER IF 18 AND UNDER:.....

ADDRESS:.....

.....

.....

..... POST CODE:.....

TEL:..... MOBILE:.....

EMAIL:.....

HORSE/PONY NAME:.....

HORSE/PONY & RIDERS EXPERIENCE TO DATE:.....

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FEE PER TRAINING SESSION PER PERSON £ 40.00 / SPECTATORS £10.00

I ENCLOSE A CHEQUE FOR £..... MADE PAYABLE TO: **REACT**

PLEASE RETURN TO:

MRS S WATSON, HUNTERS LODGE, ALLINGTON LANE, ALLINGTON, GRANTHAM, LINCS.
NG32 3EF

Please enclose an SAE if you do not have an email address for confirmation of your booking. Please book early places will be taken on a first come first served basis.