

# BMHS EASTER CLINIC 2018 ENTRY FORM

## 30<sup>th</sup>, 31<sup>st</sup> March, 1<sup>st</sup>, 2<sup>nd</sup> April 2018

Please return ASAP to: Trudy Connolly, Monnington Court, Monnington-on-Wye, Hereford, HR4 7NL.

**PLEASE USE A SEPARATE FORM FOR EACH PARTICIPANT**

Name: \_\_\_\_\_ Telephone no.: \_\_\_\_\_

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

**Cost for participant with horse for four days: £160. Youth participants: £100 for four days. Daily participant rate is £40. Spectators welcome.**

Please describe the level that you and your horse are working at and any specific areas you would like to work on in your lessons:

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### STABLING

Stabling and bedding for the clinic is £15 per night. Your horse's bed will be ready when you arrive. Please clean out your stall before leaving. PLEASE READ THE STABLING NOTES IN THE CLINIC BROCHURE.

Horse's name: \_\_\_\_\_ Sex: \_\_\_\_\_

I require a stable for Thurs \_\_\_\_\_ Fri \_\_\_\_\_ Sat \_\_\_\_\_ Sun \_\_\_\_\_ (Tick as appropriate)

Total number of stables @ £15 per night \_\_\_\_\_

### MEALS

Free tea and coffee will be available all day in the Butt House.

Lunch: Hot soup/ bread & cheese / salad available daily @ £6.00 per person.

Please state how many lunches required and on which days.

Fri \_\_\_\_\_ Sat \_\_\_\_\_ Sun \_\_\_\_\_ Mon \_\_\_\_\_

\*I will/will not attend the Friday night meal at The Bay Horse. No attending \_\_\_\_\_

\*I will/will not attend the Saturday night Fish and Chip Supper. No attending \_\_\_\_\_

### PLEASE SIGN BELOW

I will not hold the BMHS, Monnington Morgans, their employees, or visiting teachers and helpers responsible, collectively or singly for injury to, or theft from people, animals or possessions during the 2017 Easter Clinic.

Signature of Participant/Guardian (if under 18 years old) \_\_\_\_\_

Date \_\_\_\_\_

**Please make cheques payable to BMHS or pay by BACS Account: 10977284**

**Sort Code: 20-53-22**

**Closing Date: 25<sup>th</sup> March 2018**



Go to [www.bayhorseinnhereford.co.uk](http://www.bayhorseinnhereford.co.uk) for Friday night Menu.  
Thank you

<b>BAY HORSE</b>		
<b>NAME</b>	<b>STARTER</b>	<b>MAIN</b>

**CHECKLIST**

**Completed and Signed All Parts of Form**

**Pre- Order for The Bay Horse**

**Indicated you will/will not attend Fish and Chip Supper**

**Booked Stabling**

**Cheques for Clinic made payable to 'BMHS' or simply pay by**

**BACS Account: 10977284 Sort Code: 20-53-22**