2019 Magic in Motion
Trick Riding Clinic Form

Student Information:

Name: _____ ***Male☐ Female☐***

DOB: _____ ***Age:*** _____ ***Height*** _____ ***Weight*** _____ ***Health Insurance Y☐N☐***

Address: _____ ***City:*** _____ ***State:*** ___

Zip Code: _____ ***Email Address:*** _____ ***Cell Phone #:*** _____

Riding Experience: _____

Complete List of Allergies or Health Conditions:

Parent or Legal Guardian - If Student is UNDER 18!

Name: _____

Address: _____ ***City:*** _____ ***State:*** ___

Zip Code: _____ ***Email Address:*** _____ ***Cell Phone #:*** _____

Alternate Emergency Name and Phone #: _____

Clinic Information:

Location: _____ ***Dates:*** _____

Clinic/Clinics you plan on PARTICIPATING in:

DAY 1: Clinic A- 8am-12pm ☐ Clinic B- 1pm-5pm ☐

DAY 2: Clinic C- 8am-12pm ☐ Clinic D- 1pm-5pm ☐

Do you need a HORSE provided? Yes☐ No☐ Do you need a SADDLE provided? Yes☐ No☐

Saddle Rental $50 for ONE DAY - $75 for TWO DAYS
Horse Rental $100 for FIRST Day additional $50 for SECOND Day

- $300 for ONE CLINIC - $550 for TWO CLINICS -
- $800 for THREE CLNICS - $1100 for FOUR CLINICS -

$150 USD Non-Refundable Deposit Due: 3 weeks prior to Clinic

If under the age of 12 HELMETS Required
Must be physically fit (25 pushups and 30 sit-ups) or cannot participate
Wrestling Shoes/Tennis Shoes*Yoga Pants/Leggings* NO BOOTS NO JEANS

Total: _____ **Deposit:** _____ **Final Amount Due:** _____

****Please make Checks payable to: Madison MacDonald LLC****

****Cash, Check or Online Invoices Available (Visa, Mastercard, Paypal, QuickBooks Invoices)****

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