SBC 2015 Spring Junior Clinic Enrollment Application

The junior clinics are open to riders ages 14 - 18 who ride on an intermediate to advanced level. Minors participating in the junior clinics need to be supervised by their parent or guardian outside of the clinic teaching schedule.

In order to secure a spot in the clinic, please print and fill out the following pages and mail them back to the Sweet Briar College Riding Program address listed below along with your deposit.

Name:				
Birth date:	Age:	Height:	Weight:	
Please include any medica	l information that	Sweet Briar Col	llege should be aware of:	
Parent/Guardian Name:				
Parent/Guardian Contact In Home Phone		Work P	hone	
Cell Phone		Email Address		
Postal Address:				
Please circle the clinic you	wish to attend:			
Junior Clinic I; May 23-25		Junior Clinic	II: May 29-31	
Please indicate your curren	t riding level by ci	rcling the appro	priate level:	
	Intermediate	Advar	nced	
Please provide a brief descr	ription of your rid	ing ability:		

It is recommended that the same horse <u>not</u> be used in more than one session per day. You must show

current coggins and the horse(s) must be in good health. You are requested to arrive within the stable hours: 7 a.m. till 5 p.m. Please call ahead if arriving after 5 p.m. for special arrangements.						
Do you plan to bring your own horse	or horses?, if so number of horses bringing					
Date of Horse(s) Arrival	Estimated Time of Arrival					
If you would like to use a Sweet Briar he category:	orse please indicate by circling the appropriate horse use					
SBC horse once per day SBC	horse for all sessions					
	ertinent instruction briefly explain your interests , schooling green horses, instructing, etc.):					
application. The balance is due at registre refund. If spots are available after April 10 be accepted after May 1, 2015. Upon rece	ue April 10, 2015. A deposit of \$200 must accompany ation. Cancellations must be received by May 1, 2015 for a 0, 2015 a \$50 late fee will be charged and no enrollments will viving your registration forms and deposit, riders will receive a cal hotels, and other information pertaining to the clinic.					
Auditors are welcome. A small fee may be	be required. Please call for additional information.					
Make checks payable to:	Return with completed form to:					
Sweet Briar College	Sweet Briar College Summer Riding Clinics Box 6					
For additional information email: En	Sweet Briar, VA 24595 nily Allen, eallen@sbc.edu or call 434-381-6116					
Your signature below indicates your unde	enrollments cannot be accepted restanding that participants should be in good physical condition nic entails riding 3 to 4 hours per day for three days in a row.					
Signature of Participant	Date					
Signature of Parent or Guardian	Date					