

HARRY WHITNEY HORSEMANSHIP CLINICS - RIDER

WEEK(S) OF: _____

NAME: ADDRESS:

EMAIL: CELL #:

Registration includes clinician fees, stalling for your horse, bunkhouse for you, all breakfasts and lunches and 2 dinners* during the clinic. (night of arrival is light meal)

By sending in this form, you agree to release from liability Harry Whitney, Mendin' Fences Farm, its owners or designees for the duration of your stay and participation in the clinic.

Cancellation Policies:

Before the end of February ... no penalty

Until the end of March... refund, less 15 %

Until April 15 ... refund, less 25%

After April 15 ... no refund, unless substitute rider found, then refund less 25%

Full payment due **one month before** your clinic date.

FEES: Find the appropriate fees and place that amount in the far column. Tally up the amounts for your total (deducting your deposit) and place in the Total Box.

| Type of Registration | | Amount |
|--|--------------|--------|
| Intensive Week | \$ 2,585 | |
| | | |
| Regular Week | \$ 1,980 | |
| | | |
| Extra Bunkhouse Nights | \$ 35 x ____ | |
| Extra Stalling Nights | \$ 10 x ____ | |
| Upgrade: Cabin \$65/night (when available & must reserve in advance) | \$ 65 x ____ | |
| | | |
| Deposit Paid | | |
| | | |
| Total Due | | |

Make Checks Payable To: **BTE, Inc.**

Mail To: 868 Beech Grove Rd. Rogersville, TN 37857

Email: info@mendinfencesfarm.com

Website: www.mendinfencesfarm.com