

Aberdeen Farm
Clinic Entry Form

Full Name:	Rider DOB (if applicable):		
Clinic Date:	Parent name if Rider under 18:		
Address:	City:	State:	Zip:
Phone:	Email:		
Horse:	Owner:		

Clinic Options	Fee	Select Choice(s)
One Test of Choice	\$85	<input type="checkbox"/>
Two Tests of Choice	\$170	<input type="checkbox"/>
Auditor	\$45	<input type="checkbox"/>
Total:		\$

Stabling Options	Fee	Select Choice(s)
Haul In (Tie Off Trailer)	\$40	<input type="checkbox"/>
Stabling	\$60	<input type="checkbox"/>
Shavings	\$10/bag	<input type="checkbox"/>
Total:		\$

Mail Entries To:
Aberdeen Farm
Clinic Entries
3500 7 Mile Road
South Lyon, MI 48178

Please enclose:

- A check for all fees- payable to Aberdeen Farm LLC.
- Completed and signed participation agreement(s), this is required for both riders and auditors.
- Current Coggins.

- Email donna@aberdeenfarm.com with questions.
- No arrivals prior to 4PM the day prior to the clinic.
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