

## 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"/>
<b>Total</b>		<b>\$</b>

Stabling Options	Fee	Select Choice(s)
Stabling	\$60	<input type="checkbox"/>
Haul In (Tie Off Trailer)	\$40	<input type="checkbox"/>
Shavings	\$9/Bag	QTY: _____
<b>Total</b>		<b>\$</b>

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](mailto:donna@aberdeenfarm.com) with questions.
- No arrivals prior to 4PM the day prior to the clinic.