



**MARLBOROUGH
EQUESTRIAN CENTER**

191 mill street south, marlborough, ma 01752
508-624-6501 Fax : 508-485-3433

2005 ClinicRegistration Form

Name of Clinic Participant:	Age:	Date of Birth:
Mother's Name:	Father's Name:	
Address:	Address:	
Home Phone:	Home Phone:	
Work Phone:	Work Phone:	
Mobile Phone:	Mobile Phone:	

Wendy Warner Clinic Session:
 Rider \$60 Auditor \$40

Other Emergency Contact:

Phone:	Relationship:
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Please indicate Riding Experience/Horse's experience and any specific training/handling
 'topic you may want specifically addressed in your time with Wendy:

Warning: Under Massachusetts Law, an equine professional is not liable for injury to, or the death of, a participant in equine activities resulting from the inherent risks of equine activities pursuant to Section 2D of Chapter 28 of the General Laws.

All riders and auditors must have a current liability form on file.

FOR OFFICE USE: