



Stephen Price

Professional Rider and Trainer

69 Lyons Hall Road, Braintree, Essex, CM7 9SH

Tel: 01376 551963 Mob: 07885 363096

Email: steve@steve-price.com Web: www.steve-price.com

Clinic Booking Form

Name:

Address:.....

.....

Telephone: Home:.....Mobile:.....

Email:.....

I wish to take part in the clinic to be held on:.....

Horses full name:.....age:.....

Level currently working at:.....

.....

Any other information we may need to know:.....

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Please enclose £20.00 per clinic. Please make cheques payable to Mr S J Price

The clinic is in one hour slots please indicate below the time you would like. We will confirm your time ASAP.

9am / 10.30am / 12.00pm / 2.00pm

Signed:.....Date:.....