

CRACKERJACK INTUITIVE HORSEMANSHIP
WILLING COMMUNICATION WORKSHOP - CONFIDENTIAL BOOKING FORM

LOCATION: _____ WORKSHOP DATE: _____

FULL NAME: _____ AGE: _____

ADDRESS: _____

SUBURB: _____ STATE: _____ POSTCODE: _____

PHONE: _____ MOBILE: _____

EMAIL: _____

EMERGENCY CONTACTS – Please provide two

FULL NAME/RELATION: _____ CONTACT: _____

FULL NAME/RELATION: _____ CONTACT: _____

MEDICAL HISTORY – anything we should know, medications, Allergies, Injuries?

CONSENT TO MEDICAL ATTENTION

I hereby authorise the instructor/s in charge to administer first aid and call an ambulance if deemed necessary. I agree to bear any cost thereby incurred.

Signature of Rider/Handler

Signature of Legal Guardian (under 18yrs)

_____ Date: _____

_____ Date: _____

Will you be wearing a current approved Australian Standards helmet? YES/NO

Do you understand the risks involved in your choice? YES/NO

It is compulsory for minors under the age of 18 years to wear an approved current Australian Standards helmet.

PARTICIPATION FEES: LIMIT OF 8 PER DAY

Participant _____ x \$120/DAY

TOTAL - \$ _____

Your position will be reserved upon receipt of a \$50 deposit or your full payment.

PAYMENTS TO: (Please use your name as the reference)

Corey Ryan & Suzi Deryk

ING Direct

BSB: 923 -100

Account Number: 31853861

Reference: Please use CIH and your name as your reference

Eg: CIH Suzi Deryk

PROGRAM

The day will commence at 8.30am sharp with an Introduction and group discussion.

There will be two sessions, the first starting at 9am and finishing at 12.30pm for a half hour lunch then the second session starting at 1.00pm and concluding at 4.30pm.

Each participant will receive one on one tuition in each session.

Please ensure you are on time.

WHAT TO BRING

Halter/lead rope

Horse gear

Water/Feed for your horse

Lunch/drink for yourself

Chair/Notebook/Pen

RIDING EXPERIENCE

How often, each week, do you ride your horse? 5 – 7 days _____ 3 – 4 days _____ 1 – 2days _____

How would you describe yourself? Nervous rider _____ Confident rider _____

Are you? Beginner _____ Novice _____ Intermediate _____ Advanced _____

Have you ridden on a trail before? Yes/No How many times? _____ Alone _____ In a group _____

HORSE DETAILS

NAME: _____ AGE: _____ SEX: _____

Do you regard your horse as? Green _____ Novice _____ Educated _____

Has your horse been on a trail before? Yes/No How many times? _____ Alone? _____ In a group? _____

DO YOU HAVE ANY PARTICULAR GOALS/PROBLEMS/ISSUES WITH YOURSELF OR YOUR HORSE THAT YOU WOULD LIKE HELP WITH?

CANCELLATION POLICY:

The clinic will be held regardless of the weather. No refund will be given. In the event that the clinic is cancelled by Crackerjack Intuitive Horsemanship, monies will be transferable to the next available time that it can be rescheduled, to be decided between the host and clinicians. It is the participants responsibility to be available at this new time. In the event that the host/participant cancels then all monies received are non-refundable. Participants that cancel can find a replacement for their position.

I have thoroughly read and understood this booking form and abide by its content.

NAME: _____

SIGNATURE: _____ DATE: _____