

Office Use Only! Payment Due:

Deposit Amount _____ C/Ck Final Payment _____ C/CK Lunch _____ Coggins _____ Liability Forms _____

Sommer Strides Clinic Registration Form

Name of Clinic: _____ and Date _____

Name of Participant: _____

Address: _____

Phone number: _____

Email: _____

Please include me in the Email List for Upcoming Clinics and Events

Easiest way to contact you: ___ call ___ text ___ email ___ Facebook

Circle one:

Haul In

Boarder

DLH Horse

Name of Horse: _____

Riding Level - Circle one:

Beginner

Advanced Beginner

Intermediate

Advanced

Payment/Deposit amount enclosed _____

(make checks payable to Sommer Strides)

Mail this form with at least a 50% deposit to secure your spot.

Sommer Strides Horse Training
6675 Hwy WW
West Bend, WI 53090



Remember all non-boarded horses are required to bring a copy of a current coggins! We also ask that all incoming horses be of healthy state and come from healthy homes and facilities.

Contact us with further questions

262-343-6705

sommerstrides@yahoo.com