ADRC Somerford Camp

8th - 10th May 2020

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| --- | --- |
| **Please PRINT** and complete fully then send it to address below. .If you are coming with a friend and you would like to be grouped together in the same ride. (similar abilities) please let me know below. **PLEASE PRINT CLEARLY** |  |
| Event name ADRC SUMMER CAMP | Office use only |
| Date 8th – 10th May 2020 |  |
| Riding club – ADRC | ADRC |
| BRC number –  |  |
| Name |   |
| Date of birth if under 18yrs 1/1/20 |  |
| Full address & post code |  |
| Daytime telephone:  |   |
| Evening telephone:  |   |
| e-mail address:  |   |
| Ability / Level of experience: to help group people, please tell us at what level you and the horse **you are bringing to camp** are at:   |  |
| Cost per horse inc lessons/rider’s food £220 |  |
| Extra horse stable/bedding/hay – no lessons - by arrangement |   |
| **Deposit: £75 payable by 31/1/20** | Y / N  |
| **2nd payment £75 payable by 28/2/20****3rd payment (& full balance) by 31/3/20** | Y / N Y / N  |
| Full payment received | office Y / N |
| Extra Shavings @ £7.50 no required: | **payment in camp £** |
| Hook-up **@ £31.50** duration of camp; PLEASE PAY separate entry PAYMENTS ref: Name- Hook-up  | Paid Y / N |
| Guest meals (please complete separate form) £50 inc alll meals | Payment received Y / N |
| Cancellation policy – we reserve the right to keep your deposit if we cannot fill your place. MS./ADRC Committee |  |
| **PLEASE PRINT CLEARLY** |  |
| **Emergency contact information:** |  |
| **contact 1.**  |  |
|  |  |
| **Contact 2.**  |  |
|   |  |
| **Medical Notes**: |  |
|   |  |
| Special dietary requirements: |  |
|  |  |
| Guest Name:  |  |
| **Extra meals** can be provided at a cost if you are inviting a guest into camp. Please complete separate form/ contact Mags 07905692423 |  |
| *Notes:*  |  |
| I understand that all activities are voluntary and that I do not have to participate. It is understood that these activities are potentially dangerous, and that by participating, I voluntarily accept and assume the risk of personal injury or damage to property.I am intending to use my own judgment and knowledge as to what activities I attempt to take part in. At all times, I will take into account the experience, capabilities and skill level of myself and my horses, regardless of others motivating me.In the event of any accidents or injury to myself, other persons, animals or property I will not hold the Venue, staff, trainers or the organiser responsible.Only sign below if you accept all the contents: I have read and agree to the above conditions. |  |
| Signed: |   |
| Dated: |   |
| Please send to:**Margaret Smith****9 Pinfold Lane****Norton****Doncaster****Sth Yorkshire****DN6 9HZ****CLOSING DATE JANUARY 31ST 2020**payments will only be accepted into: YORKSHIRE BANKsort: 05-06-71a/c: 16040593 Balance to be paid in full **no later than** **MARCH 31ST 2020**If you have any queries please ring or emailsmithmags@btinternet.comMaggie – 07905692423 |  |