



## MARK RASHID SCOTLAND CLINICS 2012

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Tel: \_\_\_\_\_

Level of Experience: Rider \_\_\_\_\_

Horse \_\_\_\_\_

I would like to attend as a:-	15 <sup>th</sup> – 16 <sup>th</sup> – May 2012	18 <sup>th</sup> – 19 <sup>th</sup> May 2012	20 <sup>th</sup> – 21 <sup>st</sup> May 2012	22 <sup>nd</sup> – 23 <sup>rd</sup> May 2012				
	<b>Preferred clinic</b>	Reserve clinic	<b>Preferred clinic</b>	Reserve clinic	<b>Preferred clinic</b>	Reserve clinic	<b>Preferred clinic</b>	Reserve clinic
Spaces Available	<b>FULL</b>	<b>FULL</b>	<b>FULL</b>	<b>FULL</b>				
<b>All spaces now full, however, we will be taking names for reserve riders in case any horse pulls out due to lameness/injury. Please indicate if you would like to be on the reserve listings.</b>								
Rider								
Auditor	<b>Spaces Available</b>	<b>Spaces Available</b>	<b>Spaces Available</b>	<b>Spaces Available</b>				
I require overnight accommodation for my horse								
Yes								
No								

**All cheques should be made payable to Ross Dhu Equestrian**

Please find enclosed my deposit of £ \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

If you require any additional information please do not hesitate to contact Morag Higgins on:- Tel 01698 886 492 Mob 07979741672