



**PARELLI NATURAL  
HORSE·MAN·SHIP  
2-day Clinic Application  
With 3-Star Instructor Avery Gauthier**

Clinic that you want to attend: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Clinic: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Savvy Club Number \_\_\_\_\_

I am registering as a **PARTICIPANT** or an **AUDITOR** (*circle one*)

**PAYMENT POLICY FOR PARTICIPANTS:**

Payment of Half clinic tuition is due thirty days prior to the start date and is necessary to guarantee your position. The tuition fee is *non-refundable* unless you withdraw 30 days prior to the clinic.

The remaining payment is due two weeks prior to the start date.

Please contact the clinic coordinator about possible additional fees (arena, stalls, etc.).

These are paid to the coordinator. Please contact the clinic coordinator if you have additional questions.

Deposits and/or payments are *non-refundable* unless I cancel the clinic, or in case of true medical emergency. Should a participant want to withdraw she/he may find a replacement from the waiting list, which the hosts keeps or from among his/her own acquaintances.

There is a \$50 fee if we help in locating a replacement for you.

**~Please review and initial each of the following statements that are true for you.**

- 1) \_\_\_\_\_ I have met the prerequisites required for participating in this clinic.
- 2) \_\_\_\_\_ I have signed up for a riding course, but understand that I may or may not ride due to the horse that shows up.
- 3) \_\_\_\_\_ I have the tools required for this clinic.

To register, please send this application, the following Liability Release Form and payment to:

**Avery Gauthier**

**1690 Eagleville Rd**

**Tiverton, R.I. 02857**

**Participant Tuition \$400**

**Auditor Fee/day \$60**

Payment options are check or money order.

**I have read, understood and agree to participate within the above guidelines.** If under 21, the parent or guardian must read and sign the above, indicating his/her acceptance.

Signed:

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

Parent/Guardian please sign for minor:

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

**Participant Information**

Name \_\_\_\_\_

PNH Level Completed \_\_\_\_\_ Years \_\_\_\_\_

Experience \_\_\_\_\_

Any Medical  
Handicaps \_\_\_\_\_

**In Case of Emergency Contact:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone # Cell \_\_\_\_\_

Home \_\_\_\_\_

**Horse Information**

Mare  Gelding  (No Stallions allowed)

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

Breed: \_\_\_\_\_ Age: \_\_\_\_\_

Any special needs (Participant or Horse) \_\_\_\_\_

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