



**PARELLI NATURAL
HORSE·MAN·SHIP
Group Lesson/Workshop
With 3-Star Instructor Avery Gauthier**

Group Lesson/Workshop that you want to attend:

Name: _____ **Date:** _____

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 tuition is due on the day and prior to the start of your group lesson or workshop. The tuition fee is *non-refundable*.

Please contact the coordinator of your group lesson/workshop about possible additional fees (arena, stalls, etc.). These are paid to the coordinator. Please contact the coordinator if you have additional questions.

Deposits and/or payments are *non-refundable* unless I cancel the group lesson/workshop, 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. The group lesson/workshop must have the minimum requirement of students or the price may increase to fit the situation.

~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 group lesson/workshop.
- 2) _____ I have signed up for a riding lesson/workshop, but understand that I may or may not ride due to the horse that shows up.
- 3) _____ I have the tools required for this group lesson/workshop.

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: \$150

Auditor Fee/day: \$35

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) _____
