



**Join-Up® Clinic Application Form**  
**Saturday 22<sup>nd</sup> – Sunday 23<sup>rd</sup>**  
**September 2012**  
**Magpie Ridge Farm**  
**17 Two Hills Road, Glenburn, Vic**

**Name**.....

**Address**.....

.....

**Telephone**.....(Daytime)

.....(Evening)

**Email**.....

On an additional piece of paper, please write a brief history of your involvement with horses to date and what you hope to achieve from this clinic.

Do you have any medical problems that we should be aware of? (Please be sure to include asthma, epilepsy or diabetes if applicable).

I am 18 years of age or over (please give age if under 18 years old) **YES / NO**

I WISH TO ATTEND:

**Two Day Join-Up Clinic \$ 330**

I wish to bring a horse **YES / NO**  
to the clinic

I will use a horse provided at **YES / NO**  
the clinic

If you are attending a clinic with your horse, please briefly describe the name, age, sex, breed and the amount of handling and/or training your horse has had.

**Declaration:**

I am aware that I am responsible for my own insurance during the clinic and I undertake and agree that neither my personal representatives nor I will make any claims against School of Equus, Lynn Mitchell or anyone else connected with this clinic in respect of any loss or injury to property or person which may be sustained. I am also aware that any information or knowledge acquired or learnt on the clinic is strictly for personal use.

**I enclose full payment to secure my place on the clinic. On receipt of my payment pre-course information will be sent to me.**

**Signed** .....

**Date** .....

Payment made via:

- Direct debit** (please email confirmation)
- Cheque or bank draft** (enclosed) Please make cheques payable to Lynn Mitchell

**Account details:**

Bank Name: Westpac Banking Corporation  
 Account Name: Lynn Marie Mitchell  
 BSB Number: 733-349  
 Account Number: 65-8356

All payments are non-refundable in the event of student cancellation, but will be held for twelve months as credit to use for future clinics

Please return this completed form to:

Lynn Mitchell  
 School of Equus  
 PO Box 191  
 Yarra Glen Vic 3775  
 Email: [lynn@schoolofequus.com.au](mailto:lynn@schoolofequus.com.au)  
 Fax: 03 5797 8298  
 Mobile: 0433 239 617