

# Punchestown Stable



## Dennis Mitchell Clinic

Saturday May 31<sup>st</sup> & Sunday June 1<sup>st</sup>

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

DOB: \_\_\_/\_\_\_/\_\_\_

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

Phone: (\_\_\_) \_\_\_-\_\_\_

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

City,

State

Zip

Sections (please choose one):      2'6" \_\_\_\_\_      3'-3'3" \_\_\_\_\_      3'6" \_\_\_\_\_

I will be participating (please choose one) : May 31 & June 1 \_\_\_\_\_      May 31 \_\_\_\_\_      June 1 \_\_\_\_\_

A minimum \$150 deposit is due no later than May 1<sup>st</sup>. The remaining clinic balance will be due Saturday May 31<sup>st</sup> before your section is scheduled to start.

We are happy to try and accommodate all needs and wishes for height sections.

Please contact Sarah Meier (859) 983-1273 or [punchestown@windstream.net](mailto:punchestown@windstream.net) for any additional information or questions.

**\$400/ 2 Days (includes 1 free auditor)**

**\$250/ 1 Day (includes 1 free auditor)**

**\$20/ Audit Per Day**

**\$25/ Stabling Per Day**

Section: \_\_\_\_\_

Stabling (circle one): Y / N    # Days: \_\_\_\_\_

Amount Enclosed: \$ \_\_\_\_\_

