

**NOVICE DRIVING CLINIC**  
BUXMONT RIDING CLUB  
71 Clump Road  
Tylersport, Pa

MAY 22. 2016 starting at 10:00 am

*If you are bringing an equine please complete this form.*

Name of Participant: \_\_\_\_\_

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

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

Name of Groom (Header)\*: \_\_\_\_\_

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

Cell Phone Number: \_\_\_\_\_

Name of Equine: \_\_\_\_\_

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

*\*A groom, header or ground person is required for each equine.*

**Please explain what you would like to achieve from the Clinic.**

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***Please mail completed Entry Form, Current Coggins and Check for \$20 made out to Buxmont Riding Club to:***

Rebecca Merritt  
1003 Whitehall Drive  
Doylestown, PA 18901

***Your form must be received by Thursday, May 19<sup>th</sup>!***