



Kennedy Farms Equestrian Center, Inc

1122 Deep Forest Dr. - Chesterfield, MO 63005 - 636-532-7274

Riding Clinics and Drop & Shop

2011 Registration Form

www.kennedyfarms.com - kennedyfarms@kennedyfarms.com

Rider's Name: _____ Today's date: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ E-mail: _____

Alternate Phone: _____ Age: _____

Parent's / Guardian's Name: _____

Parent's / Guardian's Signature: _____

Riding Experience & Goals: _____

How did you hear about us?: _____

Haul-ins welcome - no additional fees

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Total Due:

Payment: _____ Received by: _____ Date: _____ Initials: _____

Rates

- Full Clinic \$500
- Full Week, Half-day Clinic \$325 (includes lunch)
- Individual Riding Session \$45
- Individual Lunch Session \$25

Session Registration

Clinic

- March 21- March 25
- June 20- June 24
- August 1- August 5
- December 26- December 30

Drop and Shop

- November 25

Please Check Appropriate Box

- | | |
|---|--|
| Full Clinic <input type="checkbox"/> | Full Week, Half-day Clinic <input type="checkbox"/> |
| | (includes lunch) |
| <u>Morning Session</u> | |
| M <input type="checkbox"/> | T <input type="checkbox"/> |
| W <input type="checkbox"/> | Th <input type="checkbox"/> |
| F <input type="checkbox"/> | |
| <u>Lunch</u> | |
| M <input type="checkbox"/> | T <input type="checkbox"/> |
| W <input type="checkbox"/> | Th <input type="checkbox"/> |
| F <input type="checkbox"/> | |
| <u>Afternoon Session</u> | |
| M <input type="checkbox"/> | T <input type="checkbox"/> |
| W <input type="checkbox"/> | Th <input type="checkbox"/> |
| F <input type="checkbox"/> | |