



# A Touch of Majic Equestrian Center, LLC

## Dom Schramm Clinic Registration Form

Rider's Name:				
Address:				
Phone:				
Email:				
Rider Age: (minors)				
Emergency Contact:				
Horse's Name:				
Current Riding Level:				
Clinic Goals/ Desired Level				
I am Registering for (Circle One)	Saturday	Sunday	Both Days	Auditor
Session Type (Circle One)	Private Lesson	Semi Private	Group	

**Total Amount Enclosed:** \$ \_\_\_\_\_

**Check** \_\_\_\_\_ **Credit Card (Visa/Master Card) #** \_\_\_\_\_ **EXP.** \_\_\_\_\_ **Sec. Code** \_\_\_\_\_

\_\_\_\_\_  
**Competitor Signature or Parent If Rider Is Minor**

\_\_\_\_\_  
**Date**

**Checks may be made payable to: A Touch of Majic Equestrian Center, LLC. Credit Cards will be charged from "BP Enterprises, LLC"**

**Mail Entry and Payment to: A Touch of Majic Equestrian Center  
 2 Old Farm Lane, Pepperell MA 01463**