

*Nona Garson*  
*2010 Clinic Registration*

**Sat/Sun**  
**October 23/24, 2010**  
**Asbury, NJ**

Rider Name \_\_\_\_\_

Rider Address \_\_\_\_\_  
\_\_\_\_\_

Adult or age of Junior \_\_\_\_\_  
Telephone \_\_\_\_\_ Fax \_\_\_\_\_  
e-mail \_\_\_\_\_ Alternate Phone (cell) \_\_\_\_\_

Name of Horse \_\_\_\_\_ Mare or Gelding \_\_\_\_\_ Ht. \_\_\_\_\_ Color \_\_\_\_\_

*Please circle Approximate jumping height desired :* 2'6 and below 2'9" 3' 3'3" 3'6 plus

Since groups will be divided according to experience and ability, please describe briefly your current riding level/show experience:

\_\_\_\_\_  
\_\_\_\_\_

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Please send or fax (\*) your payment of *\$450 for a two-day clinic or \$250 for a one-day clinic (plus horse lease payment if applicable)* payable to The Ridge Farm along with this form to:  
**Janet Rizzo 2807 Concord Drive Wall, NJ 07719**

(\*) faxed forms tentatively hold a spot, but will only be confirmed upon receipt of payment or if accompanied with credit card information.

Janet: Phone 732-681-4379 Fax 732-681-9379

Method of Payment (circle):

Check Cash

Credit Card: Visa MasterCard Amex

Number \_\_\_\_\_ exp. date \_\_\_\_\_

CID # \_\_\_\_\_

Please provide billing name and address associated with credit card:

\_\_\_\_\_  
\_\_\_\_\_

*NJ Location:*

Stalls \$50 per night

If available

\_\_\_\_\_ FRI \_\_\_\_\_ SAT