

HARRY WHITNEY HORSEMANSHIP CLINICS

WEEK OF: _____

NAME: _____
ADDRESS: _____
EMAIL: _____
CELL #: _____

Registration includes clinician fees, stalling for your horse, bunkhouse for you, all breakfasts and lunches and 3 dinners* during the clinic. (Includes dinner night of arrival.)

By sending in this form, you agree to release from liability Harry Whitney, Mendin' Fences Farm, its owners or designees for the duration of your stay and participation in the clinic.

Cancellation Policies:

Before 1/31/15 ... no penalty
Until 2/28/15 ... refund, less 10%
Until 3/30/15 ... refund, less 15%
After 4/1/15 ... no refund unless a substitute rider is found
Full payment due **one month before** your clinic date.

FEES: Find the appropriate fees and place that amount in the far column. Tally up the amounts for your total (deducting your deposit) and place in the Total Box.

Type of Registration		Amount
Intensive Week	\$ 2,350	
Regular Week	\$ 1,800	
Extra Bunkhouse Nights	\$ 25 x _____	
Extra Stalling Nights	\$ 10 x _____	
NEW Option!! Cabin \$75/night (see details on website)	\$ 75 x _____	
Trailer (w/ water and electric) \$25/week	\$ 25	
Deposit Paid		
Total Due		

Make Checks Payable To: **BTE, Inc.**
Mail To: 868 Beech Grove Rd.
Rogersville, TN 37857

Email: info@mendinfencesfarm.com
Website: www.mendinfencesfarm.com
Phone: 423.327.0008