

**XC Clinic ICKWORTH PARK – JANE MCDOUGALL 13<sup>TH</sup> SEPTEMBER 2008**

Rider's Name:  
Address:

Emergency Contact:  
Emergency Contact Number:

Contact Number:

**Horse's Details:**

Horse's Name	Height	Age	Breed

**Experience Level**

In order for everyone to get the most out of this clinic I would like to know some brief information about your/horse's experiences. This information will allow me to place people in similar level groups. If you would like to be in the same groups as a friend please will you include their name.

Have you and your horse done XC before?    Yes        No

Please can you indicate the size of fences you would like to practise on;    **1-2'**        **2'-2'3**        **2'3 – 2'6**        **2'6-2'9**        **2'9+**

Do you have any aspects of XC you would like Jane to work on? e.g. water fences [please provide information below]

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Any Additional Information:

**Please complete in full the attached Ickworth Park Schooling Pass. This form will need to be fully completed to allow Colne Valley to allocate you a pass for the course. Failure to complete the form could result in your entrance being denied.**

Once completed send both forms and your cheque (payable to CVRC) to Kelly Cole – 3 Lark Rise, Ballingdon, Sudbury, Suffolk, CO10 7PB