



OMEGA CLINIC FORM MARCH 17TH, 2018

@ PG EQUESTRIAN CENTER

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____

EMAIL _____

WHAT LEVEL OF RIDING ARE YOU?

BEGINNER _____

INTERMEDIATE _____

ADVANCE _____

STALL ___X\$45___

SHAVINGS ___X\$8___

TRAILER IN ___\$10___

CLINIC \$75___

PLEASE MAKE CHECK PAYABLE TO: SOUTH BREEZE EQUESTRIAN CENTER

IF YOU HAVE ANY QUESTIONS PLEASE CONTACT LEANN @ 301-343-3531 OR LSMITH7000@GMAIL.COM

CLINIC TIMES WILL BE ANNOUNCED THE WEEK BEFORE

PLEASE SEND FORM AND MONIES TO: 7022 LEONARDTOWN RD, BRYANTOWN, MD 20617

