

Fix a Test with Beth Barritt, January 22, 2015

Please indicate what test you would like to ride: _____

What is the horse's level of experience: _____

What is the rider's level of experience: _____

Preferred Ride Time: _____

Rider Information.

Rider Name:

Phone Number:

Email:

Emergency Contact:

Emergency Contact Phone Number: **Please include:**

Negative coggins within one year of the date of the test. Release for Facility Use.

All paperwork and fees must be received before a spot will be held. First come, first served. No refunds unless spot can be filled.

Mail check (\$45 per test) made payable to Bridle Creek Farm,
LLC 1051 Clear Creek Court
Aiken SC 29803

Questions: please call/text Ilene Boorman 202-494-7683

No dogs please.