

**CLINIC REGISTRATION  
HORSE PARK OF NEW JERSEY**

Event \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_ Age if Minor \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number Home \_\_\_\_\_ Cell \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

Horses Name \_\_\_\_\_ Age \_\_\_\_\_

Experience of Rider \_\_\_\_\_

Experience of Horse \_\_\_\_\_

Clinic Fee \_\_\_\_\_

Haul in fee \_\_\_\_\_ Stall fee \_\_\_\_\_ Amount Enclosed \_\_\_\_\_

Checks Payable to Horse Park of New Jersey

Credit Cards Accepted—VISA \_\_\_\_\_ Master Card \_\_\_\_\_ AM EX \_\_\_\_\_

Name on Credit Card \_\_\_\_\_

Card # \_\_\_\_\_ SEC. Code \_\_\_\_\_ EXP. Date \_\_\_\_\_

Mail to: Horse Park of New Jersey  
PO Box 419  
Cream Ridge, NJ 08514