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| **L.R Equine**Leanne Roger IHRT, BSc (Hons), FdScHolder of the MRPCH Mobile: 07731829298Email: Leanne.roger@gmail.comWebsite: www.lrequine.co.ukFacebook: Leanne Roger (L R Equine Services) | L.R-Equine_Logo_Transparent-For-Dark-Background-400x400px.png |

Please complete in full and return by email. Booking will be confirmed once payment is received

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| Horse Handler Name: |  | Age (if under 16yrs) |  |
| Address: |  |
| Mobile Number: |  | Email: |  |

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| Horse Name: |  | Horse Age: |  |
| Horse Height: |  | Horse Breed: |  |
| Is the horse insured? |  |

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| **Please include information on your horse:** (For example, is horse young and inexperienced? Is the horse backed/being ridden? Is horse difficult to handle? Has horse been away from home before to a competition, for example?) |

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| Date of Clinic you would like to attend: |  |
| Time you would like to attend? |  |
| Are you booking a private session or shared session? |  |

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| **Payment Information:**Shared session: £25 per person. Private session: £35 in total.Payment in full is required to secure a booking. Once payment has been received, a confirmation email will be sent. Payment can be made by bank transfer. Details as follows:Account Name: Miss L K Roger. Sortcode: 403430. Account No: 31530070 **PLEASE INCLUDE YOUR NAME AND HORSE NAME WHEN PAYING BY BACS.** |

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| **Photos:** Leanne would like to take photos during the session. Please highlight that Leanne has permission to use any photo’s of you and your horse on social media and website. I **agree/disagree** (please delete as appropriate) that photos may be taken during the session and used in publicity material. |
| **Signed:** | **Date:** |