



COURSE APPLICATION - Steve Byrne

Course Organiser - Lee Woodland, PO Box 43, Clarence Town, NSW, 2321
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Name: _____ Address: _____
City: _____ State: _____ Country: _____ Postcode: _____
Phone: (Day) _____ Evening: _____
Email: _____ Male _____ Female _____ Age _____

Please write a brief summary explaining your level of experience with horses.

I am applying for the following clinic/clinics

Horsemanship (Int)	Starts: Thursday 19th March to Friday 20th March 2009
Cow Working Clinic	Starts: Saturday 21st March to Monday 23rd March 2009

Location: **Kate & Owen Gwinn, Exeter Farm, Braidwood, NSW.**

Observers can pay in advance or on the day. Dinners must be ordered & paid for in advance. **Riders price includes use of facilities and yards.**

Clinic Fee \$	Horsemanship (Intermediate) \$395.00 for 2 full days riding incl 1 Dinner (Thurs night) and Horse Yard.
\$	Cow Working Clinic \$720.00 for 3 full days riding incl 3 Dinners (Fri, Sat, Sun nights) and Horse Yard.
\$	Camping: \$15 per night, Cottage: \$25 per night (Cottage limited to 9 people)
\$	Observers- \$40 per day, per person
\$	Dinners for Observers, \$25 per meal, per night, need to pre-book with Lee Woodland
\$	SUBTOTAL
\$	add credit card surcharge of 1.6% if paying with credit card
\$	TOTAL amount owing

\$100 deposit or full payment is required to secure your position

I will be paying **\$100 deposit** (balance to be paid no later than 7 days prior to commencement of the clinic) Total amount

Payment method: Direct Deposit to: Acc name: D.Woodland Investments P/L Acc Number: 9618 96504 BSB: 650-000
(Please put your name in the details so I can easily identify your payment).

Cheque (made payable to D.Woodland Investments) **Credit Card** (add 1.6% surcharge for credit card payment)
Credit Card Number:
Exp date:
Name on Card:
CVV#: (3 digit number on the back of MC or Visa):
Signature:

Approval Policy: Acceptance is subject to application review and approval. A full refund will be given if application cannot be accepted. Application form must accompany booking.

By signing this form I acknowledge and agree to the above policies.

(Print form & fax back to 02 4996 5513 or mail to Lee at address above)

Signature

Date