



Heart in Your Hand Natural Horsemanship

with Sherry Jarvis

82507 465th Ave.

Burwell, NE 68823

308-346-5663 or 308-730-2150

E-mail: sherry@heartinyourhand.com

www.heartinyourhand.com

GENERAL CLINIC REGISTRATION FORM

Please complete this registration & return with non-refundable deposit.

***Name:** _____ **Address** _____

***City/St/Zip:** _____

***Phone:** _____ **e-mail** _____

***Emergency Contact:** _____ **Phone:** _____

***Health Insurance:** _____ **Policy #:** _____

***List Any Medical Conditions or Health Issues:** _____

Horse's Name & Age: _____

Brief Statement of what you hope to accomplish this weekend (optional, but helpful)

Level of Riding Experience: Circle one:

Beginner

Intermediate

Advanced

Showing

Number of years riding: _____

THINGS YOU WILL NEED FOR THE LESSON

1. Learning attitude. Willing to participate with an open mind.
2. Listening ears and observing eyes.
3. Plenty of energy. (Water for hydration)
4. Your horse. (If hauling is a problem, a horse can be leased)
5. Rope tied halters with a heavy lead rope at least 12-14 ft long.
(Cotton leads are not preferred, yacht rope is better because of the life it gives.)
6. Horseman stick, if possible. (Very stiff stick 4 feet long. Please, no flimsy/stingy whips)
7. String for stick, if possible (small diameter rope 5 feet long, nylon is better than cotton)
8. Good fitting saddle and pad of your choice (for both you and the horse)
9. Snaffle bit preferred (as you will be practicing lots of lateral movements)
10. Notepad, if desired, however handouts will be provided.

The above items are **VERY NECESSARY** because they will help you succeed better and quicker. The aforementioned equipment can be purchased at www.parelli.com, www.horsingaroundllc.com, www.naturalhorsesupply.com, www.silverdollarqh.com or if in the Omaha area, JM4 Ranch has similar horseman sticks.

Please complete & submit with deposit:

***Dates of Clinic** _____

***Location of Clinic** _____

Lesson Fee \$150 to \$350..... \$ _____

(Leave blank until morning of registration at clinic, unless Sherry has given you an exact price.)

(Total Cost of clinic depends on # of participants and # of days of clinic)

***Non-refundable deposit due now:**

(applies toward total lesson fee, but not toward stall, arena, or camping fees which are extra)

\$50 for a one day clinic.....\$ _____

\$100 for a two day clinic.....\$ _____

(In the event of emergency & you cancel, deposit is only applied toward another clinic upon our approval)

(In the event that we cancel the clinic for any reason, deposit is fully refundable or transferrable)

Early Bird Discount: (Sign up with deposit 1-month prior to clinic date get 10-15% off tuition only)

Check one:..... 1 day clinic 10% discount: _____ 2 day clinic 15% discount _____

Balance Due at Clinic For Lesson Fee (will be figured upon arrival).....\$ _____

Total Paid (Will be figured upon final payment).....\$ _____

Make check payable to **Sherry Jarvis** & mail with registration to:

82507 465th Ave. Burwell, NE 68823

Registration confirmation will be mailed or emailed to you upon receipt of your deposit.

Deposit due 2 weeks before date of clinic in order to guarantee a position.

Classes fill fast, first come first serve basis. Waiting lists are available.

***Signature:** _____ **Date:** _____

Age (If below 18 years we need parental signature)

PARENT/GUARDIAN SIGNATURE REQUIRED FOR ANYONE BELOW 18 YEARS

I GIVE PERMISSION FOR _____

TO PARTICIPATE IN THIS ACTIVITY. I WILL REMAIN ON THE PREMISIS

DURING THE ENTIRE EVENT:

PARENT/GUARDIAN SIGNATURE: _____

Under Nebraska Law, an equine professional is not liable for an injury to or the death of a participant in equine activities resulting from the inherent risks of equine activities, pursuant to this act.

Stalls or Camping Fees not included in Clinic Fee:

Contact Sherry or the Clinic host for these prices as they change with each location.

Request for Stall \$____/night (not included in lesson fee)...#/of nights _____ \$ _____

(Will be paid to & determined by Barn Owner)

Camper Spaces \$____/night (not included in lesson fee)...#/of nights _____ \$ _____

(Will be paid to & determined by Barn Owner)

Total due to Barn Owner (due on first day of clinic).....\$ _____

* Must be completed: Anything without an * can be filled out later.