

JUMPING CLINIC
Improve your jumping skills
Beginner - Advanced

____Thurs Dec 22nd or ____Thurs Jan 5th

9:00 am – 2:30 pm

Name_____ Age_____

Parents' Name_____ Home Phone#_____ Cell# _____

Please submit this registration form with a check for \$95 asap. This program will run with a minimum of six riders, so please register early. Bring a lunch, snack, drink, etc.

_____Check here if you would like to have a special gift certificate for this as a present.

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