

# **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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