

COURSE APPLICATION

Name: _____

Address: _____

City: _____ State: _____ Postcode: _____

Phone: (Day) Evening: _____ Email: _____

Male _____ Female _____ Age _____

Location and Date of Course Attending: _____

HORSEMANSHIP EXPERIENCE

Confidence Level with your horse (1 means not very confident and 10 means very confident)

On the Ground (1-10) _____ Riding (1 - 10) _____

What are your horsemanship goals and do you have any specific requests or areas of interest for this course?

COURSE PAYMENT DETAILS

Are you a Rider YES/NO OR Auditor YES/NO

Payment method: **FINAL PAYMENT DUE NO LATER THAN 21 DAYS BEFORE COURSE START DATE**

Bank Details

<i>Name of Acct:</i>	<i>Cas Bar Haven Stud</i>
<i>Bank:</i>	<i>National Aust Bank</i>
<i>BSB: 082512</i>	<i>Acct No: 473311319</i>
<i>Payment Reference</i>	<i>Please put your SURNAME in as reference so we can identify you on our bank statement</i>

Cheque payments can be made payable to
CAS BAR HAVEN STUD
And posted to the address below

**Address: CAS BAR HAVEN STUD
636 Banoon Rd, Coolah NSW 2843**

SOME NEED TO KNOW INFORMATION

Personal Photos: Photos are meant to be for your personal use only, not for commercial purposes or public viewing. You are not authorised to publish or display any photos taken without written permission from Wayne Caslick and the people in the photo.

Videoing of clinic: Permission must be sought from Wayne Caslick prior to attendance at any clinics or lessons.

Payment Policy: If payment is not received by date due, your booking may be cancelled and the reservation may be turned over to others on waiting list.

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.

Refund Policy: There is no refund if you cancel your booking /payment less than 21 days before the clinic. Cancellation fee and transfer fee apply.

Cancellation fee: \$100 **Transfer Fees:** A \$50 fee transfer fee. *Extenuating /emergency circumstances can be negotiated.*

IN CASE OF A CLINIC TRANSFER – YOU NEED TO ATTEND THE NEXT AVAILABLE CLINIC IN YOUR AREA OR LOSE YOUR PAYMENT. YOU MAY SELL YOUR BOOKING TO ANOTHER PARTICIPANT WITH THE APPROVAL OF WAYNE OR JENNY CASLICK.

PLEASE NOTE: IF CLINIC IS CANCELLED (BY WAYNE CASLICK) A REFUND WILL BE GIVEN – (extenuating circumstances only)

By signing here I acknowledge and agree to the above policies.

SIGNATURE _____ DATE: _____