

THE BUFFALO EQUESTRIAN CENTER INC.

950 AMHERST STREET * BUFFALO, NY 14216

716-877-9295 FAX 716-877-4001

WWW.buffaloequestriancenter.org BECANDBTRC@AOL.COM

Dear Friends,

It is our pleasure to invite you to participate in a wonderful opportunity. The 2015 Jennifer Alfano Clinic will be held Saturday, April 18th. We are offering three groups to riders. Please read the following information carefully.

Flat : \$120 for members, \$140 for non-members

Jumping : \$180 for members, \$200 for non-members

Auditing : \$30.00 per auditor

RIDERS:

The three groups available will have 8 spots that will be filled on the first come first serve basis. We must receive a completed application along with your **NONREFUNDABLE** deposit of \$75 by Friday March 20th. The **balance** of your account is due by Friday April 3rd.

Group A: Jumping 2'6"- 2'9" will ride at 8:30 to 10 am

Group B: Jumping 2' will ride at 10:30 to 12:00 pm.

Group C: Flat will ride at 1:00 to 2:00 pm

If you are unsure which section you should ride in, please talk to Amanda or Susie.

We sincerely hope that you enjoy your experience and gain invaluable knowledge!

The Buffalo Equestrian Center

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Jennifer Alfano Clinic Application

NAME: _____

ADDRESS: _____

PHONE: _____

E-MAIL: _____

Group A: _____ (2'6" jumping) (8:30-10:00 am)	Group C: _____ (Flat) (1:00-2:00 pm)
Group B: _____ (2' Jumping) (10:30-12:00 pm)	

Auditor: _____

NONREFUNDABLE DEPOSIT PER SECTION: \$75.00

DUE BY: Friday March 20th

BALANCE PER SECTION is due by April 3rd

OFFICE USE ONLY

\$ _____ Deposit received by _____.

\$ _____ Balance received by _____.