

# EQUILIBRIUM HORSE CENTER



1685 Underwood Road • Gambrills, MD 21054

## ERIK F. HERBERMANN

Equilibrium Horse Center is happy to host lessons with Mr. Erik F. Herbermann in 2010. All questions, comments, and payments are to be directed to:

**Kathleen Harjess**  
**42 Hudson Street #209**  
**Annapolis, Maryland 21401**  
**410.721.0885 or ehchorse@aol.com**

**DATES:** April 15-19, 2010  
June 4-8, 2010  
September 8-12, 2010  
Oct 29 - Nov 2, 2010

**FEES:** Semi-Private: **\$475** per 5-day clinic  
Private Session: **\$625** per 5-day clinic (available only as space permits)  
School Horse Use/Day: **\$35**  
Stall Per Night: **\$35**

**Send all payments to Kathleen Harjess at the above address; make all checks payable to Equilibrium Horse Center.**

- A \$50 non-refundable deposit is required for each clinic you wish to attend.
- **The balance is due 30 days before the clinic starts. If you have not paid in full a minimum of 30 days before the clinic starting date, we cannot guarantee your spot in the clinic or your preferred riding time.**
- Clinic scheduling is done on a first-pay basis. You must participate in all 5 days of the clinic; rides are usually scheduled between 6am and 2pm.
- Private or Semi-Private rides are scheduled at the discretion of the clinic organizer, taking into account each rider's request, ride-time availability, number of clinic participants, horse/rider combinations, rider experience, etc.
- Refunds will not be given unless you (not your horse) are sick or injured. We have horses for riders to ride if their horse is not able to participate. If you must cancel after paying and we can fill your spot with a paying rider, then you will get your money back, minus the \$50 deposit. If we can't fill your spot, you may not get a refund and your funds may not be applied to another clinic.
- In the event that we cannot grant you a spot in a clinic you have put a deposit on or paid for in full, we will refund the deposit and any other payments made for that clinic or give you a credit toward a future clinic.

**ERIK HERBERMANN CLINIC REGISTRATION FORM — 2010**

Name \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_ Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Clinic **April 15-19, 2010 Clinic** Erik Herbermann

Request:  Private  Semi-Private

School Horse Needed:  Yes  No Stall Needed:  Yes  No

Please list any time constraints for each day of the clinic: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Clinic **June 4-8, 2010 Clinic** Erik Herbermann

Request:  Private  Semi-Private

School Horse Needed:  Yes  No Stall Needed:  Yes  No

Please list any time constraints for each day of the clinic: \_\_\_\_\_

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\_\_\_\_\_

Clinic **September 8-12, 2010 Clinic** Erik Herbermann

Request:  Private  Semi-Private

School Horse Needed:  Yes  No Stall Needed:  Yes  No

Please list any time constraints for each day of the clinic: \_\_\_\_\_

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Clinic **October 29 - November 2, 2010 Clinic** Erik Herbermann

Request:  Private  Semi-Private

School Horse Needed:  Yes  No Stall Needed:  Yes  No

Please list any time constraints for each day of the clinic: \_\_\_\_\_

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