



BOOKING FORM: 'Try Carriage Driving'

Please Tick:

Dates: April 22nd Saturday 2017
June 24th Saturday 2017
July 29th Saturday 2017
September 23rd Saturday 2017

Time: 10.00 a.m. – 3.00 p.m. (1/2 hour lunch break)
Tea and coffee provided during the day and we would ask you to bring your own pack lunch

Instructors: Sue Mart - UKCC Level 3 coach plus her accomplished team

Cost: £ 95.00 per person. Full payment is required on booking a) via cheque (payable to "Bennington Carriages" and sent to the address below) or b) via credit card using the form attached. We will take payment 7 days prior to the event.

Venue: Bennington Carriages, Moor Lane, Long Bennington, Newark, NG23 5GA

Contact For any queries please contact Sue Mart on 01400 281 280 or e-mail carriages@bennington.co.uk

Notes: Confirmation will be sent via email on receipt of the booking and 1 week prior to the 'Try Carriage Driving' session further details will be sent via email which will include directions and further details regarding the day.

PLEASE COMPLETE IN BLOCK CAPITALS

Title Mr / Mrs / Ms / Miss Surname..... First Name.....

Address

..... Post Code.....

Telephone Number Mobile.....

E-mail

I the undersigned certify that I take the above lessons at my own risk. I agree to attend and participate in the 'Try Carriage Driving' session entirely at my own risk. I acknowledge that carriage driving is a risk sport and holds potential danger and that all horses may react unpredictably on occasions. In the event of receiving any injury or sustaining any damage I have no claim against Bennington Carriages or its Servants.

I provide my consent for any photographs taken by Bennington Carriages during the session, which may include myself, may be used by Bennington Carriages for publicity purposes and publication on the Bennington carriages website.

Payment is non-refundable unless the session is cancelled. In the event of cancellation due to unforeseen circumstances, Bennington Carriages will provide as much notice as is reasonably possible and issue a full refund. The format for the day, may change without prior notice.

Date:..... Signed:..... Print Name:.....



CREDIT CARD PAYMENT FORM

Type of Card: **Mastercard** **Visa** **Maestro** (others not accepted)
(please circle)

Card Number:

Valid from:/.....

Expiry Date:/.....

Issue Number:

3 Digit Security Code (last 3 digits on security strip on rear of card)

Name of Cardholder:
(exactly as appears
on card)

Address card is
registered to:
.....
.....
.....

Signature:

Thank You