

- Mail a copy of this form for each participant and your payment for each person to Mary Muldoon, Red Eagle Ranch, LLC, PO Box 447, Poolesville, MD 20837
- **PLEASE COMPLETE AND RETURN THIS FORM AND THE [WAIVER](#) INCLUDING YOUR PAYMENT IN FULL (CHECK OR MONEY ORDER) NO LATER THAN TWO WEEKS BEFORE THE PREFERRED CLINIC DATES. YOU WILL RECEIVE CONFIRMATION BY TELEPHONE ALONG WITH A CONSULTATION TO REVIEW YOUR RIDING SKILLS AND GOALS.**

LAST NAME		FIRST NAME	DATE OF BIRTH (MO/DAY/YR)	
STREET ADDRESS		CITY	STATE	ZIP CODE
FIRST CHOICE CLINIC DATES		SECOND CHOICE CLINIC DATES		
E-MAIL ADDRESS		HOME TELEPHONE NO. (with area code)		
MOBILE TELEPHONE NO. (with area code)		OFFICE TELEPHONE NO. (with area code)		
RIDING EXPERIENCE		POLO EXPERIENCE		
HOW WERE YOU REFERRED TO US		DO YOU NEED LISTS OF ACCOMMODATIONS?		
CONFIRM THAT YOU WILL BRING AN APPROVED POLO HELMET WITH FACEGUARD?		CONFIRM THAT YOU WILL BRING AT LEAST ONE 52" MALLET?		
CONFIRM THAT YOU WILL BRING RIDING BOOTS OR POLO BOOTS?		DIETARY REQUIREMENTS (i.e., vegetarian; no shellfish)		
EMERGENCY CONTACT NAME		EMERGENCY PHONE NUMBER		
T-SHIRT SIZE M L XL		COMMENTS		

**For more information, please contact:
Mary Muldoon at 1-(301) 972-7303 or e-mail: info@redeagleranch.com**