

# HORSEMANSHIP / DESPOOKING / TRAIL CLINIC WITH BILL MARTINEAU

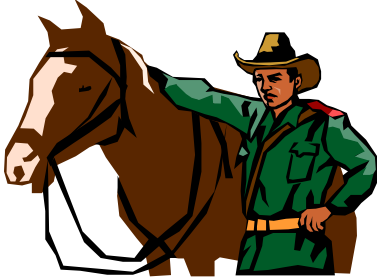
Friday, July 30, 2010  
Wildtree Farm -- Yoncalla, Oregon

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## ABOUT BILL MARTINEAU

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Bill Martineau has spent most of his lifetime starting and training horses, working with thousands of horses of many different breeds. Bill is an excellent horseman and clinician, he is every bit as skilled as Clinton Anderson or Pat Parelli, just a lot closer to home. Bill's theory is "If you can control the feet, you can control the mind".



This clinic will help any horse owner no matter what their riding discipline: western, english, jumping, dressage, trail. Both novice and experienced riders will find this clinic beneficial as well as fun and entertaining. We are very fortunate for this clinic opportunity!

**The one-day clinic will start with groundwork, then a break for lunch, with arena riding in the afternoon, and then finish with a trail course competition.**

**Come have fun and learn!**

**Clinic Schedule: Friday 10am-5pm**

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**RESERVATION FORM – Due by 7/23/10**

Name \_\_\_\_\_ Age \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Deposit Enclosed \$50.00 . Balance of \$50 due 7/30/10

E-Mail Address \_\_\_\_\_

**Clinic Fee: \$100.00 all day**

**Limit of 10 entries, first come, first served.** If clinic fills, a waiting list will be started.

Lunch is included in the cost. No breakfast or dinner supplied.

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Clinic auditors are welcome: Cost: ½ day - \$15.00 Full day - \$25.00 (includes lunch)

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**PLEASE MAKE CHECKS PAYABLE TO BILL MARTINEAU.**

Mail to: Norma Richards 5947 Elkhead Road Yoncalla, OR 97499

Questions: Norma @ (541) 849-2109 or [wildtree@centurytel.net](mailto:wildtree@centurytel.net)

I realize I am participating in a risk sport and make this reservation entirely at my own risk. I understand that neither Bill Martineau, Norma Richards, the organizers, nor the property owners or their employees accept any responsibility for accidents, damage, injury, illness or death to the horses, owners, riders, employees, attendants, spectators or any other person or property owner connected with this clinic.

Rider's or Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_