

Cleveland Bay Clinic 2026

National Racing College - DN11 0HN

Sunday 27th September 2026

Please fill in the form below (a separate form for each horse if you are bringing more than one) with as much detail as possible to help us decide activities and groups.

Please be aware that all horses attending Clinic must have had flu vaccinations within 12 months of the Clinic date. You must have your own suitable insurance. Each horse is the responsibility of its owner and all activities are at your own risk. Current BS headgear must be worn at all times whilst mounted. See NRC website for specific rules/requirements.

Please tick below the activities you and your horse would like to try.

| Mounted Session | | Ground Work Session | | "At Leisure" (Extras) | |
|------------------------|--|----------------------------|--|---|--|
| Ridden Flat Work | | Flat Work from the Ground | | Gallops (oval and straight) for fitness training @ £12/horse/session. | |
| Pole Work | | Exercises for Youngsters | | | |
| Show Jumping | | Desensitisation | | *price subject to change depending on uptake | |
| Quadrille/Parade | | Pole Work | | Dressage simulator with trainer @ £30/half hour *price subject to change depending on uptake | |
| Desensitisation | | Long reining | | | |

| | | | |
|--------------------|---|---------------|--|
| Name: | | Tel: | |
| Address: | | | |
| Post code: | | Email: | |
| Horse Name: | Horse Details (Age, breed, type, height, ridden/unridden) if ridden please give flatwork level/ jumping height/ability. | | |

The cost of the day clinic is £75 per horse. This includes at least 2 lessons and a buffet lunch.

Expressions of interest for the gallops and the Dressage Simulator are to be included on this form

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|-----------------------------|------------|-------|-----------------------------|
| Dietary Requirements | Vegetarian | Other | Allergies? Please state) |
|-----------------------------|------------|-------|-----------------------------|

I have read the above rules and those on the National Racing College website: www.thenhc.co.uk and agree to abide by them.

Please sign here: Date:

To book your place for the day clinic, please complete the form and return to cbhscamp@gmail.com together with your 1st deposit remittance of £35 via BACS to :

CBHS Sort Code: **40-47-31** Account no: **11318136**. Include reference '**CBC**clinic**26**' on the BACS payment