



THE
HAMILTON
AND ALEXANDRA COLLEGE

CONFIDENT FUTURES

Proudly presents a series of Dressage clinics with

Andrea Riedel-Carrison

EA Level 1 General Coach,

British Horse Soc Intermediate Instructor, EA National Saddle Horse Judge.

Coaching History: WA Young Rider Elite Squad Show Horse Coach for 3 yrs. Coached students to wins in rider classes at Royal level, state HOTY inc.

SA Vic and WA.

Term 2

Sunday 2 June & Sunday 16 June

Term 3

Sunday 21 July, Sunday 18 July & Sunday 15 September

Equestrian
Centre

North Boundary Road,
Hamilton

Private (45 min) – Price \$65

Private (60 min) - \$85

Semi Private (60 min) – Price \$50.00 per rider

Group 3 riders (60 min) – Price \$35 per rider

Wet weather contingency – indoor arena hire an additional \$10 per lesson

Limited yards available for overnight \$10.00 per yard

Enquiries Email: - equestrian@hamiltoncollege.vic.edu.au

Amanda teBoekhorst

Mobile 0429624928

The Hamilton and Alexandra College –Andrea Riedel-Carrison Clinic –
Term 2 Booking Form

Rider Name: _____ Age (if under 21) _____

Address: _____ Contact No: _____

Email: _____

Horse: _____ Height _____

Level of Experience: _____

Group Semi Private Private 45min Private 60 min
(please circle one)

For Group or Semi Private – Preferred other member/s: _____

preferred time for lesson: **Morning** **Afternoon** **No Preference** (please circle one)

Address: PO Box 286, HAMILTON VIC 3300 or

Email: equestrian@hamiltoncollege.vic.edu.au

- Cheques payable to The Hamilton and Alexandra College.
- Direct Deposit: BSB: 633 000 AC NO: 1527 53042 (put surname & EQUES as the reference)

or

Please charge \$____ to my credit card no ____ ____ ____ ____ Exp Date __/__/__

Signature _____

Please indicate which clinic dates you would like to attend below:

	Sunday 2 June
	Sunday 16 June

Applications Close: Monday 27 May or Monday 10 June or when clinics are full. (Limited places available)

The Hamilton and Alexandra College –Andrea Riedel-Carrison Clinic –
Term 3 Booking Form

Rider Name: _____ Age (if under 21) _____

Address: _____ Contact No: _____

Email: _____

Horse: _____ Height _____

Level of Experience: _____

Group Semi Private Private 45min Private 60 min
(please circle one)

For Group or Semi Private – Preferred other member/s: _____

preferred time for lesson: **Morning** **Afternoon** **No Preference** (please circle one)

Address: PO Box 286, HAMILTON VIC 3300 or

Email: equestrian@hamiltoncollege.vic.edu.au

- Cheques payable to The Hamilton and Alexandra College.
- Direct Deposit: BSB: 633 000 AC NO: 1527 53042 (put surname & EQUES as the reference)

or

Please charge \$____ to my credit card no ____ ____ ____ ____ Exp Date ____/____

CCV No _____ Signature _____

Please indicate which clinic dates you would like to attend below:

	Sunday 21 July
	Sunday 18 August
	Sunday 15 September

Applications Close: Monday 15 July / Monday 12 August / Monday 15 August

or when clinics are full. (Limited places available)