

# **REGISTRATION FOR INTENSIVE DRESSAGE CLINIC**

**DATE OF CLINIC:** \_\_\_\_\_

**PARTICIPANT:** \_\_\_\_\_

**NAME OF HORSE:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

**PHONE:** \_\_\_\_\_

**E-MAIL:** \_\_\_\_\_

**LEVEL OF RIDER:** \_\_\_\_\_

**NAME & LEVEL OF HORSE:** \_\_\_\_\_

**NAME AND LEVEL OF 2<sup>nd</sup> HORSE:** \_\_\_\_\_

**LEVEL OF 2<sup>ND</sup> HORSE:** \_\_\_\_\_

**clinic fee:**

A. 4 - day clinic: \$700 (an additional horse is \$ 300)

B. 2 - day clinic: \$450 (an additional horse is \$ 200)

A 50% deposit of the clinic fee will secure registration. I, \_\_\_\_\_, will sign up for the above mentioned clinic. In the event of me (the participant) being unable to attend, I (the participant) will find a suitable replacement or forfeit the deposit.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_