

Ledyard Farm 2010 CLINIC REGISTRATION FORM
 Nick Turner May 14 - 16

Opening Date: N/A

Rider's name <input style="width: 90%;" type="text"/> Rider's level <input style="width: 90%;" type="text"/> Rider's D.O.B. <input style="width: 80%;" type="text"/> Street address <input style="width: 90%;" type="text"/> City, state, zip <input style="width: 90%;" type="text"/> Day phone <input style="width: 80%;" type="text"/> Evening phone <input style="width: 80%;" type="text"/>	Horse's name <input style="width: 90%;" type="text"/> Horse's level <input style="width: 90%;" type="text"/> USEA Member # <input style="width: 80%;" type="text"/> Name, date, and level of horse trial most recently completed <input style="width: 90%;" type="text"/> Instructor's name & phone – Required <input style="width: 90%;" type="text"/> Rider's email address <input style="width: 90%;" type="text"/> Cell phone <input style="width: 80%;" type="text"/>
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Please provide information or specific training issues you are working on that may help us place you in a group.

Clinic		\$400 for 3 days, \$280 for 2 days, \$150 for one day	
Stabling . Off grounds Clinic horses only. Camping prohibited. Proof of vaccines required	Arrival Date: Approx. time: PLEASE no later than 6:pm	Departure Date 	\$40 per night Total \$
If entering more than one clinic, please use separate checks for each clinic			
Total amount due (payable to Ledyard Farm Equine Educational Foundation)			\$

Enclosure checklist: <input type="checkbox"/> Coggins (within 1 year of clinic) <input type="checkbox"/> USEA Release Form <input type="checkbox"/> Ledyard Farm Release Form <input type="checkbox"/> Clinic Registration Form <input type="checkbox"/> Check for total amount due payable to Ledyard Farm Equine Educational Foundation	<ul style="list-style-type: none"> ➤ You will be notified of your ride time approximately 2 weeks prior to the clinic date ➤ Should there be an oversubscription, riders will be notified of the waitlist status. Please let us know if you do not wish to remain on the wait list. ➤ Each rider is allocated only one entry per clinic. (2nd horse entries will be placed on the waiting list.) ➤ Please use separate checks for each clinic entered
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Please mail all forms and check to: Jill Morris, 4 Frances Drive Newburyport MA 01950. Tel: 978-465-4347	Reimbursements will be made post clinic less \$25 for office fee Refunds only if the space can be filled from the wait list.
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