

Registration Form

Name: _____ Age: _____

Address: _____

City: _____ State: _____ ZIP _____

Phone: _____ Email: _____

Horse: _____ Age: _____ Breed: _____

Western: _____ Gaited: _____

Brief description of level of experience: _____

Rider lunch: (included) Ham Turkey Roast Beef Veggie

(Please specify Saturday, Sunday or both.)

Fees: Saturday & Sunday \$130.00

(Includes lunch both days for participant and free auditor's fee for 1 groom. Grooms must buy lunch!)

1 day (Please specify Saturday or Sunday) \$75.00

Stabling: per night (Please specify day/ time of arrival/departure) \$20.00

Day grounds fee: (Horses not entered in clinic) \$15.00

Auditors:(both days) \$25.00

One day: (Please specify day) Saturday Sunday \$15.00

Box lunch: (per day) Ham Turkey Roast Beef Veggie \$10.00

Auditors day of clinic at door: \$20.00

Total:

(There will be a limited amount of lunches available for sale, but it is recommended you pre-register and pre-order lunch.)

Payment: Check, money order, or credit card. Auditors paying at door may also use cash.

Credit card: Name as it appears on card: _____

Number: _____ expires: _____

Send to: Rebecca Meador

Cross Creek Equestrian Center

2031 Millville Shandon Road

Hamilton, OH 45013

Closing date: September 13 Participants limited to 10. No refunds after closing date unless spot can be filled off waiting list. Payment and negative Coggins must accompany entry to hold spot.

I understand that equestrian sports are inherently dangerous and I am participating at my own risk. I am willing to assume this risk involved to me, my family, my horse(s), guests, my vehicles and additional property. I hold the organizers of this clinic, the clinician, property owners, volunteers and anyone else involved in this clinic harmless for any damage, loss, or injury suffered while on the clinic grounds. I have read and fully understand this release and consent to these conditions to enter this clinic. This agreement is made in the state of Ohio and shall be enforced and interpreted under the laws of the state of Ohio.

Signature: _____ Date: _____

Parent or guardian if rider is under 18: _____