

Dressage Ride - Test & XC Clinic Entry Form, April 3, 2011

DO NOT SEND THIS FORM TO EVENT SECRETARY

Name of Rider: _____ DOB if Junior: _____
 Address: _____
 Telephone: _____ Emergency Number: _____
 E-mail: _____ # during show _____
 If Rider entered in horse trials: Name of horse: _____ Division: _____

Please circle below which tests you wish to ride:

						<u>Entered in HT?</u>		<u>Fee</u>
Dressage	BN	N	T	P	Horse: _____	Yes	No _____
Dressage	BN	N	T	P	Horse: _____	Yes	No _____
Cross Country	BN	N	T	P	Horse: _____	Yes	No _____
Cross Country	BN	N	T	P	Horse: _____	Yes	No _____

Please tell us a bit about the pair and what you need to work on during this clinic:

Dressage Ride Warm-up and movements - 30 minutes: \$25
 Dressage Ride a Test and rework movements – 45 minutes: \$35
 XC Ride: groups not more than 5 for 1&1/2 to 2 hours: \$60
 Stabling: \$45 first night, \$25 second night; number of horses: _____
 Non Competition fee: \$10 if you are NOT entered in the HT or Test of Choice _____

 Total included:
 Muck deposit, separate check:

Signature of Rider _____ If rider is a minor, Signature of Parent/Guardian _____

Checks payable to FENCE Horse Trials
 Send checks, coggins, release and entry to: horseshow@fence.org
Sheila Grymes, Organizer, cell# (828)817-0798, C/O FENCE 3381 Hunting Country Rd, Tryon, NC 28782 * (828) 859-9021; Fax (828) 859-9315
 Please email with hard copy and fees to follow. We will take clinic entries up to 4/3/11 first come, first served and reserve the right to refuse any entry.