

28981 Tulita Ln
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Western Dressage Clinic 2014



REGISTRATION

(Please Print)

Clinic Date: _____

Clinician: Kathleen Elliott

Rider Name: _____ Rider Level: _____

Dressage: _____ Western Dressage: _____

Horse Name: _____ Age: _____

Breed: _____ Horse Level: _____

Phone: _____

Anything specific you like to work on with your horse

E-Mail: _____

Cost: \$90.00, (June 22, 2014 Kathleen Elliott Clinic) which includes private lesson with clinician, stall for your horse, and lunch and drinks.

Clinician gives general lecture at lunch

Any medical conditions or physical limitations? If so, please explain (allergies, chronic illness, recent surgery, etc.)

In case of emergency contact:

Name _____ Phone _____ Relationship _____

Any cancellation made less than 48 Hours prior to the first day of Clinic forfeits all payments.

Requirements:

- Each participant must wear long pants and boots or shoes with a low heel. No tennis shoes!
- Helmets must be worn when mounted. Certified riding helmets will be provided.
- A SIGNED LIABILITY WAIVER & RELEASE MUST BE ON FILE TO PARTICIPATE

Signature _____ Date _____

Office use only:

Reg. rec'd _____ Deposit pd _____ Ck# _____ Balance Pd. _____ Ch# _____