

KAREN O'CONNOR CLINIC REGISTRATION

RIDER'S INFORMATION

Name:		Age:	
Address:			
City:		State:	
Home Phone:		Cell Phone:	
Email:		Emergency Contact:	
		Phone:	

HORSE'S INFORMATION

Horse's Name on Coggins:			Age:
Please Check One:	Mare	Gelding	Breed:

FEES

Saturday October 23 rd , 2010	
Sunday October 24 th , 2010	
\$300	
Overnight Stall \$20/stall How many? _____	
Auditor Pass(es): \$20/per person Circle amount needed 1 2 3 4 5 Different Amount: _____	

RIDING LEVEL

Please check below the level that you are currently competing/schooling with THIS horse:			
(N) Novice	(AM) Amateur	(I) Intermediate	(AA) Advanced
Height of Jumping Experience (this will be how we can place you with other riders at your level):			

RELEASE

I understand that this is a high risk sport and I am participating at my own risk. I hereby release and hold the Organizer, Organizing Committee, Hideaway Horse Center, and Hideaway Horse Center's agents and employees harmless from all accidents, damages, injury, loss, or illness to horses, owners, riders, employees, attendants, spectators, or any other person or property loss suffered during or in connection with this event. I assume the risk of equine activities pursuant to Maryland Law.

Name (Please Print):		Date:	
Signature:			
Parent/Guardian's Name (if rider is under the age of 18)			
Signature of Parent/Guardian:			

Please make checks payable to: HIDEAWAY HORSE CENTER
 Please return completed entry form, stabling agreement (if applicable), and copy of horse's current coggins and your check to: April Travis 4100 Overlook Ct, Dunkirk, MD 20754 email: apriltravis7@gmail.com
 *Please make sure check amount is at least 50% of total fees or the full amount