

Eric Smiley Eventing Clinic October 7-8, 2017

Rider's Information				
Name:		Age:		
				
Address:				
City:	State:	Zip:	Zip:	
Contact Phone:	Email address	<u> </u>		
(clearly, please!)				
Clinic Information				
	Fees: Circle as apply	and then >>	Total:	
Tulipsprings Eventing	Core Clinic** including stab			
Kennewick, WA www.tulipsprings.com	Descripted index STALL	#35 /wkond		
	Reserved indoor STALL:	\$25/wkend		
	Additional lesson Friday			
	Auditors per person	\$20/day	ļ	
	DOG FEE	\$50/wkend		
** Note: Core clinic is Saturd	lay and Sunday. Additional lessons are avai		Make checks payable to:	
Add only \$100 for Friday. Please circle HERE for additional lessons Friday Tulipsprings, LLC				
Oct 6 (Exact lesson type and time by request, as possible. Organizer will contact you).				
Experience Maximum height you are comfortable jun	nping, level of experience and other information regard	ing goals, issues, etc.		
Please include highest level competition <i>completed</i> with this horse.				
Please check below the level that you are most competent at with THIS horse:				
BN Beginner Novice N Novice T Training P Preliminary I Intermediate A Advanced				
Release				
I understand that riding horses is a high-risk sport and I am participating at my own risk. I hereby assume this risk and further do hereby release and hold harmless the organizer, instructors, agents, volunteers and hosts of this Clinic and the owners of any property on which the Clinic is to be held, from				
all liability for negligence resulting in accider	nts, damage, injury or illness to myself or my property, incl	uding the horse I am riding	at the Clinic.	
Name (Please print):		Date:		
Signature:				

Please return completed form, release, and your check payable to Tulipsprings, LLC: Carol Curry,

412 East Canyon Dr. Kennewick, WA 99337

(This is not the facility address!)

Open date is June 6 and refund deadline is September 6, 2017.

After Deadline, no refunds unless place is filled.