	Leslie Law **Eventing Clinic** **Oct 25-26, 2014**

Rider's Information

Name:	Age:
Address:	

City:	State:	Zip:

Contact Phone:	Email address (clearly, please!)

Horse's Information

Horse's Name:	Special Stabling Requests or Needs (stalls or paddocks will be available).*** $25 extra to reserve an indoor stall.**

Clinic Information

	Participation: check one	Fees:		Total:
Tulipsprings Eventing Kennewick, WA www.tulipsprings.com	Riding	Clinic *including* Stabling: *Reserved* indoor stall **:**	**$395** **add $25/weekend**	Indicate Amount Enclosed:
	Auditing		**$20 per day**	
	DOG FEE		**$50 per weekend**	
• **Limited Dressage lessons** may be available Friday afternoon and Monday morning. Indicate interest here:_____(payable at time of lesson)				Make checks payable to: Tulipsprings, LLC

Experience

Maximum height you are comfortable jumping, level of experience and other information regarding goals, issues, etc.
Please include highest level competition *completed* 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

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
Open date is August 25 and refund deadline is Sept 24, 2014.
After Deadline, no refunds unless place is filled.

PLEASE INCLUDE A SIGNED RELEASE FORM FROM THE TULIPSPRINGS WEBSITE
http://www.tulipsprings.com/rules/docs/Tulipsprings_Release.pdf