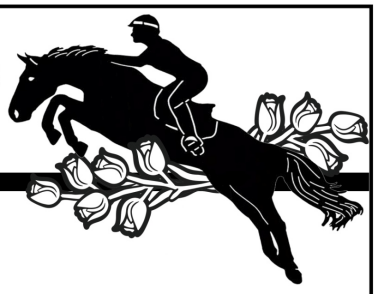
TULIPSPRINGS
EVENTING



ENTRY FORM

Lucinda Green Clinic
October 9-10
>>>**OR (circle one, please)**
October 11-12
Day 1-Stadium
Day 2-Cross Country

RIDER INFORMATION

Name:_____ Age: _____

Address:_____

City, State, Zip:_____

Contact Phone:_____EMAIL(CLEARLYPlease):_____

FEES (Circle all that apply, and total)

Two Day Clinic	$450
Reserved INDOOR Stall OR	$50
Reserved OUTDOOR Paddock	$35
Dog fee per dog	$50 x ____=
Auditors per person per day	$20 x ____=

TOTAL (Checks payable to Tulipsprings, LLC) $_____

LEVEL (Lucinda doesn't mess around…please be honest and careful answering)
State the highest level you have COMPLETED a competition on this horse: _____

Level you wish to ride in this clinic (Circle one). BN- BN N T M P P+

If you are in a mixed group, do you want to ride up or down from the stated level? UP DOWN

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 accidents, damage, injury or illness to myself or my property, including the horse I am riding at the Clinic.

Signature:_____ Date_____

Printed Name:_____

PAYMENT AND REFUNDS

Please send printed completed E**ntry**, Tulipsprings **Release**, and **USEA Release** with a check payable to Tulipsprings, LLC by USMail to
Carol Curry, 412 East Canyon Dr, Kennewick, WA, 99337 (this is NOT the facility address)
No refunds unless able to fill from the waitlist (but ok to substitute…just tell me ASAP)
Facility Address: 31807 S Carlson Rd, Kennewick, WA 99337