



ENTRY FORM

Ryan Wood Clinic

May 23-24, 2026

**RIDER INFORMATION**

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ EMAIL(CLEARLYPlease): \_\_\_\_\_

**FEES** (Circle all that apply, and total)

Two Day Clinic \$395

Stabling INDOOR (limited space) \$60

Stabling OUTDOOR \$40

Dog fee per dog \$50 x \_\_\_\_ =

Auditors per person per day \$20 x \_\_\_\_ =

**TOTAL** (Checks payable to Tulipsprings, LLC) \$ \_\_\_\_\_

**LEVEL** (Ryan will work with riders of all ages and levels)

State the highest level you have COMPLETED a competition on this horse: \_\_\_\_\_

Level you wish to ride in this clinic (Circle one). S 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 **Entry**, 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 after April 15 unless able to fill from the waitlist (ok to substitute just tell me ASAP)

**Facility Address:** 31807 S Carlson Rd, Kennewick, WA 99337