



Clinic Registration Form

Rider Name _____ Horse Name _____

Basic Information

Home Phone _____ Cell Phone _____ Email Address _____

Address _____

City _____ State _____ ZIP Code _____

Brief Description of Riding Ability and Skill

Ellen Shevella – May 21st, 2023
\$125 Rider, \$35 Auditor

Shane Ledyard – August 5th, 2023
\$125 Rider, \$35 Auditor

Preferred Section for Ellen Shevella

Preferred Section for Shane Ledyard

- Flat
- 18" – 2'
- 2'3" – 2'6"
- 2'9" – 3'
- Auditor

- Flat
- 18" – 2'
- 2'3" – 2'6"
- 2'9" – 3'
- Auditor

**** Payment Due with Registration ****

**Note – Clinic Times will be emailed a week prior to the clinic

