



Ian Stark, OBE Eventing Clinic October 17-18, 2009

Rider's Information

Name:		Age:
Address:		
City:	State:	Zip:
Contact Phone:	Email address	

Horse's Information

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

		Participation: check one	Fees:	Total:
Oct 17-18, 2009 Tulipsprings Eventing Kennewick, WA www.tulipsprings.com	<input type="checkbox"/>	Riding	Clinic <i>including</i> Stabling*: \$360	Indicate Amount Enclosed:
	<input type="checkbox"/>		Auditing \$20 per day	
* \$25 extra to reserve an indoor stall.				Make checks payable to: Tulipsprings, LLC
If interested in possible private dressage lessons on Friday or Monday...Indicate HERE				

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

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.

Name (Please print):	Date:
Signature:	

**Please return completed form, release, and your check payable to Tulipsprings, LLC:
Carol Curry
412 East 36th Ave., Kennewick, WA 99337
Open date is July 1 and refund deadline is September 16, 2009.
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