



Leslie Law Eventing Clinic May 29-30, 2010

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.
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Clinic Information

		Participation: check one	Fees:	Total:
May 29-30, 2010 Tulipsprings Eventing Kennewick, WA www.tulipsprings.com		Riding	Clinic <i>including</i> Stabling: \$295 Reserved indoor stall : \$25	Indicate Amount Enclosed:
		Auditing	\$15 per day	
<ul style="list-style-type: none"> 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

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 January 23 and refund deadline is April 28, 2010.
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