

Registration Form

Gaited Horse Clinic
With Liz Graves
November 8-9th, 2008
9 A.M. to Approximately 5 P.M.
Farms of TaDae, Winchester, CA

NAME: _____
ADDRESS: _____
PHONE: _____ E-MAIL ADDRESS: _____
I AM REGISTERING AS A RIDER _____ FOR 2 DAYS, OR AUDITOR _____ FOR _____ DAYS.
BREED OF HORSE _____
TOTAL ENCLOSED _____

HORSE & RIDER FEES 2-Day Clinic:
\$250 through 10/1/08
\$300 10/2/08 - 11/8/08

AUDITOR FEES:
\$25.00/Day
\$35/2 Days

Payment in full required to secure reservation

KIDS 12 and under free to audit

Payment Information:

Please make checks or money orders payable to:
Alicia Baskette, 1220 Rosecrans St., #538, San Diego, Ca. 92106

CANCELLATION POLICY: All monies are non refundable.

Do not change horses or riders during the clinic. If a rider or horse becomes unable to complete the clinic, no refund will be given as the Clinic host or instructor cannot be responsible for unforeseen problems.

Those under the age of 18 must have prior approval from the Instructor to participate in a Clinic and a parent or guardian must be present at all times.

I have read, understood, and agree to participate within the above guidelines.

Signed: _____ Date: _____

Prior Experience and Physical Limitations:

Please give a brief description of your experience and abilities with equines in general. Also, do you or your horse have any physical limitations that the instructor should know about in light of the physical demands that are required in horse activities? Use back or another sheet for more space if needed:

PLEASE RETAIN A COPY FOR YOUR RECORDS.