



Clinic Entry Form

Clinic Name: _____ Date: _____

Participant's Name: _____ Birthday (if under 19 yrs.): _____

Participant's Address: _____

Participant's Phone: _____ Email: _____

Horse's Name: _____ Height: _____ Age: _____

Owner's Name: _____ Phone: _____

Owner's Address: _____

Level of Experience (e.g. years/level of riding, horse's training, discipline, interest, etc. as applying to clinic entered): _____

"I understand that by signing this document I give up all legal rights I and/or my minor child/ward would otherwise have in the event of personal injury, death, and/or property loss. I have read this document, I understand and agree to its terms, and I choose to sign it."

(Participant's Signature)

(Owner's Signature)

(Signature of Parent or Guardian if Participant)

(Parent or Guardian's Name Printed)

Under 19 years of age at Date of Signing)

Signed this _____ day of _____, 20_____.



Clinic Payment Form:

Dressage Clinic 1 day \$50.00 2 day \$ 90.00
(1 hour per day)

Gymnastics and Jumping Clinic 1 day \$100.00 2 day \$180.00
(2 hours per day)

Price includes lunch for the weekend and dinner on Saturday for all riders. Auditors please add \$5.00 if you would like to eat lunch. If you are not pre-registered we will not be able to plan accordingly for the number of people.

Stall \$20.00 per night # of nights _____ *UTD on vaccines and current copy of negative coggins required.

Audit \$10.00 per day # of days _____ Lunch \$5.00 # of days _____

Clinic: _____

Stall: _____

or

Audit: _____

Lunch: _____

Total: _____

Please make checks payable to Double K Quarter Horses, LLC.

Mail to:

Kelley Wylie
130 Whitestown Road
Harmony, PA 16037