

**COCHRANE HORSE
TRIALS
CLINIC REGISTRATION FORM**

CLINIC NAME AND DATE: Cochrane Horse Trials Clinic August 4/5, 2018

RIDER NAME: _____

ADDRESS: (COMPLETE) _____

PHONE: _____ E-MAIL: _____

AGE (IF UNDER 18): _____

NAME OF HORSE: _____ AGE: _____ M G S

AHTA COMPETITION LEVEL: _____
(this is important in order to put together the riding groups)

STABLING REQUIRED? WHICH NIGHTS?: _____

Do you work with a trainer/coach? IF YES: TRAINER/COACH NAME: _____

Are there any specific areas you wish to work on in this clinic? Problems? _____

Clinic Registration Fee: \$225 This includes a private Dressage Lesson with Leahona and 2 Jump lessons (SJ and XC) with Maya

OR

1 hr Private Dressage with Leahona \$75 (and no jump lessons)
There are very limited spots available, for this option.

To Register for this clinic - complete the Registration form and email to cochranehtclinic@gmail.com

Payment needs to be sent at time of registration. There are 2 options:

Cheque payable to Cochrane Horse Trials Committee. Please mail to Kathleen (see address below)

Alternately, E transfer to CHTpayments@gmail.com **Password: Clinic**

Stabling: \$40/night plus a \$30 deposit on a separate cheque
Please do not include stabling if you etsf your Registration. Cheques will be collected when you arrive at the clinic.

Date of this application: _____

REGISTRATION DEADLINE: July 15, 2018

*****NO REFUNDS AFTER THE REGISTRATION DEADLINE UNLESS A RIDER SUPPLIES A LETTER FROM A VET OR DOCTOR OR IF A REPLACEMENT RIDER CAN BE FOUND*****

Clinic Organizer: Kathleen Ziegler
Box 370
Beiseker, AB
T0M 0G0

email: cochranehtclinic@gmail.com

If you have any questions, do not hesitate to contact Kathleen via email!