



Yves Sauvignon Eventing Clinic June 21-22, 2014

Rider's Information

Name:		Age:
Address:		
City:	State:	Zip:
Contact Phone:	Email address (clearly, please!)	

Horse's Information

Horse's Name:	Special Stabling Requests: reserved indoor stall available@\$25
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Clinic Information

		Participation: check one	Fees:	Total:
Tulipsprings Eventing Kennewick, WA www.tulipsprings.com	<input type="checkbox"/>	Riding	Clinic including stabling: \$275 total Reserved indoor STALL vs. Paddock: add \$25/weekend	Indicate Amount Enclosed:
	<input type="checkbox"/>	Auditing (non-riders)	\$10 per day	
	<input type="checkbox"/>	Dog Fee per weekend	\$50 per dog	
				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 Canyon Dr., Kennewick, WA 99337
Open date is February 24, 2014 and refund deadline is May 20, 2014.
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