

**Ledyard Farm 2008 CLINIC REGISTRATION FORM**  
**LUCINDA GREEN, June 4-7**

**Opening Date:** Postmark March 15, 2008

Rider's name <input style="width: 90%;" type="text"/> Rider's level <input style="width: 90%;" type="text"/> Rider's D.O.B. <input style="width: 80%;" type="text"/> Street address <input style="width: 90%;" type="text"/> City, state, zip <input style="width: 90%;" type="text"/> Day phone <input style="width: 80%;" type="text"/> Evening phone <input style="width: 80%;" type="text"/>	Horse's name <input style="width: 90%;" type="text"/> Horse's level <input style="width: 90%;" type="text"/> USEA Member # <input style="width: 80%;" type="text"/> Name, date, and level of horse trial most recently completed <input style="width: 90%;" type="text"/> Instructor's name & phone – <b>Required</b> <input style="width: 90%;" type="text"/> Rider's email address <input style="width: 90%;" type="text"/> Cell phone <input style="width: 80%;" type="text"/>
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Please provide information or specific training issues you are working on that may help us place you in a group.

Are you registering for another clinic at Ledyard Farm this year? Which one(s)?

<b>Clinic date please circle:</b>	<b>4<sup>th</sup> and 5<sup>th</sup></b>	<b>or</b>	<b>6<sup>th</sup> and 7<sup>th</sup></b>	\$320
<b>Stabling</b> Bring your own shavings. Clinic horses only. Camping prohibited. Some stabling may be off farm	Arrival Date:	Departure Date		\$20 per night
	Approx. time:	<b>PLEASE no later than 6:pm</b>		Total \$
<b>If entering more than one clinic, please use separate checks for each clinic</b>				\$
Total amount due (payable to Ledyard Farm Equine Educational Foundation)				\$

<b>Enclosure checklist:</b> <input type="checkbox"/> Coggins (within 1 year of clinic) <input type="checkbox"/> USEA Release Form <input type="checkbox"/> Ledyard Farm Release Form <input type="checkbox"/> Clinic Registration Form <input type="checkbox"/> Check for total amount due payable to <b>Ledyard Farm Equine Educational Foundation</b>	<ul style="list-style-type: none"> <li>➤ You will be notified of your ride time approximately 2 weeks prior to the clinic date</li> <li>➤ Should there be an oversubscription, riders will be notified of the waitlist status. Please let us know if you do not wish to remain on the wait list.</li> <li>➤ Each rider is allocated only one entry per clinic. (2nd horse entries will be placed on the waiting list.)</li> <li>➤ Please use separate checks for each clinic entered</li> </ul>
<b>Please mail all forms and check to:</b> <b>Jill Morris,</b> <b>4 Frances Drive Newburyport MA 01950.</b> <b>Tel: 978-465-434</b>	<b>Reimbursements will be made post clinic less \$25 for office fee</b> <b>Refunds only if the space can be filled from the wait list.</b>