

Wildwood Farm Equine Center, LLC

124 Holcomb Road, Port Crane, NY 13833



Carol Lavell Dressage Clinic

Saturday & Sunday \sim April 23^{rd} – 24^{th} , 2016

~all levels welcome~

PARTICIPANT REGIS	□ Sat	April	23 rd - 3	Sun Aր	oril 24 th			
NAME OF PARTICIPANT								
ADDRESS								
CITY			STATE Z		ZIP	ZIP		
PHONE/CELL			EMAIL					
PARENT (if under 18) Contact Info			PARENT Signature					
HORSE NAME		AGE SEX						
			Please specify when you plan to arrive and depart and any special requests:					
MUST HAVE CURREN	IT COGGINS							
EMERGENCY CONTACT	PHONE		CELL					
Please use separate pag	no nor horog 9 ride	or combi	nation	Clinic	Food		Total \$	
information in auditor block belothere. Stabling during clinic is \$2 arriving Friday or trucking out stabling charge. Stalls are provito be stripped upon departure. *non-refu	night stay. If ay half day do not need	If \$20'day clinic stabiling \$						
AUDITOR REGISTRATION Sat April 23 rd Sun April 24 th NAME OF AUDITOR								
ADDRESS								
CITY			STATE ZIP					
PHONE/CELL		EMAIL						
PARENT (if under 18)	Contact Info		PARENT Signature					
Auditing Fees \$30/person/day or \$50 for Sat&Sun (includes lunch when preregistered) Total \$								
Make checks payable to: Send registration with payment Contact and Info: info@wildwood	•	124 Holco					-0367 (Lauri's cell)	

	Please provide a brief background on each participant/horse:
	Please provide a brief background on each participant/horse: For example, what is your experience, what are your goals with your horse? List anything specific that you would like to work on during the session.
	List arrything specific triat you would like to work oir during the session.
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