

**Cedar Ridge Farm
Clinic Participation Form**

CLINIC: _____ **DATE:** _____

PARTICIPANT INFORMATION:

Name: _____

Address: _____

Home telephone: _____ **Cell phone:** _____

Email: _____

RIDER EXPERIENCE:

Current level of competition: BN N T P I A (please circle)
Years of riding: _____ **Professional** **Amateur (circle)**

HORSE EXPERIENCE:

Horse name: _____ **Age:** _____ **Breed:** _____

Experience: _____

STABLING REQUIRED? _____ **yes** _____ **no** _____ **# nights**

CLINIC FEE: _____ **STABLING FEE:** _____ **TOTAL:** _____

All fees must be paid in advance and are non-refundable except for cancellation of clinic by organizer or clinician. Please mail completed form and payment to:

**Cedar Ridge Farm
7804 Jefferson River Rd, Athens, GA 30607**

Sessions/schedule/details will be posted on website:
www.cedar-ridge-farm.com