

**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](http://www.cedar-ridge-farm.com)