

2003 C3 CANDIDATE REGISTRATION FORM

NAME _____ TELEPHONE () _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

DATE OF BIRTH _____ CLUB _____

SIGNATURE OF DC _____ DATE _____

please indicate your first choice for prep clinic below

_____ PREP CLINIC #1: **May 17 & 18** (Glastonbury, CT)

_____ PREP CLINIC #2: **Jul 19 & 20** (Wappingers Falls, NY)

Prep Clinics focus on most of the mounted and unmounted requirements of the C3 Standard as time and space permit. Usually formal inspection (tack & turnout) and cross-country are not included because of time and space restraints. Be sure to be familiar with the requirements in these areas, however. If you have questions about any part of the C3 Standard, whether covered during the prep clinic or not, remember to ask the clinicians. They are there to help you.

This form and your 2003 Medical Release need to be returned to the region in order to register you in the C3 program. **Clinic choices are awarded on a first come, first served basis. Please feel free to return this form (or any C3 forms) anytime before the due date.** We will inform you if your first choice for prep clinic is full and no longer available.

Return by: **February 15, 2003**

Return to: Mrs. Ely, C3 Testing Program
56 West Granby Road
Granby, CT 06035
(860) 653-4286