

TRIP HARTING DRESSAGE CLINIC
NEW YORK/UPPER CONNECTICUT REGION
NOVEMBER 2nd & 3rd, 2002
CARBERY FIELDS FARM INC., LEBANON, CT 06249

Rider's Name _____ Date of Birth _____
Pony Club _____ Rating _____
Address _____

Phone _____ cell _____ e-mail _____
Name of Horse _____ Sex _____ Hands _____
Please Describe your Dressage Experience _____

Cost: \$40 per hour group lesson (3-4 riders per group) or \$60 Semi-Private. Please indicate when you are able or would like to come, we will try to accommodate everyone, but it will depend on how many people sign up. If you are interested, a Musical Kur lesson or group could be planned

Entry deadline is: OCTOBER 10th, 2002 Entry Check payable to NYUC REGION

Please send current Coggins, rabies, entry form and Carbery Fields Release to

Barbara Kil
50 Seabury Avenue
Ledyard, CT 06339

e-mail: jerry.kil@snet.net
Phone: 860 464-8644

Directions will be posted at www.geocities.com/nyucregion

I PREFER: ONE DAY (2nd _____ or 3rd _____) or BOTH DAYS _____

I PREFER: AM _____ PM _____ AM & PM _____ DON'T CARE _____

Stalls will be available for \$20 per night (shavings included). Please bring hay and grain

Stall Check payable to CARBERY FIELDS FARM, INC

Enclosed \$_____ (NYUC Region) \$_____ (Carbery Fields), coggins, rabies entry form and Medical Release for the Dressage Clinic, which is made at my own risk and subject to the conditions of the organizers. I understand that neither the Organizing Committee, the NYUC Region, the USPC, the Owners or employees of Carbery Fields Farm Inc, or Trip Harting accept any responsibility for accidents, damage, injury or illness to the horse or riders, employees, attendants, Spectators or any person or property owner in connection with this clinic.

Riders Signature: _____ Date _____

Parents Signature: _____ Date _____

NOTE: A PARENT OR GUARDIAN MUST SIGN IF THE PARTICIPANT IS UNDER 18 YRS

I am requesting an early closing date for this clinic so that we will be able to offer it to Neighboring Regions and or adult Pony Club sponsors.