

**ROBERT TAYLOR GAMES CLINIC
NEW YORK/UPPER CONNECTICUT REGION
AUGUST 20-21, 2002**

HIGH HOPES THERAPEUTIC RIDING, OLD LYME, CT

Rider's Name _____ Date of Birth _____

Pony Club _____ Rating _____

Address _____

Phone _____ Cell _____ Email _____

Name of Horse/Pony _____ Sex _____ Hands _____

Please describe your Games experience: _____

Please be familiar with the current Games Rule Book before you come!

Cost: \$25 per day, checks payable to NYUC. 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.

The closing date is AUGUST 13, 2002

Please submit this entry along with your check(s), USPC Medical Release, High Hopes Release, rabies and coggins to:

Barbara Kil
50 Seabury Avenue
Ledyard, CT 06339

jerry.kil@snet.net
860-464-8644

I prefer: August 20th _____ August 21st _____ Both Days _____

I prefer: Mornings _____ Afternoons _____ Both _____ Don't care _____

Stalls will be available for \$25 per night, please make checks payable to **High Hopes**. Shavings are included, please bring your own hay and grain. Questions about High Hopes or stalls contact **Debbie Welles at 860-434-1038 or email dwelles@aol.com**

Directions: see <http://www.highhopestr.org/directions.html>

From I-95 South: Take Exit 70. Turn right onto Route 1. Travel two and one-half miles to the CITGO station at Laysville Center on right. Nearly across from the station is Town Woods Road. Turn left. High Hopes is approximately one-half mile on the left, just past the Senior Center.

From I-95 North: Get into right hand lane marked "Old Lyme Exit Only" on the Baldwin Bridge. Take Exit 70 immediately at the end of the bridge. Turn left at bottom, then right at second traffic light onto Halls Road. At the end of Halls Road (the second light) turn left onto Route 1 heading North. Continue two and one-half miles to the CITGO station at Laysville Center on your right. Nearly across from the station is Town Woods Road. Turn left. High Hopes is approximately one-half mile on the left, just past the Senior Center.

Enclosed is \$ _____ (NYUC), \$ _____ (High Hopes), USPC Medical Release, High Hopes Release, coggins, and rabies for the Games 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 High Hopes Therapeutic Riding nor Robert Taylor 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.

Rider's Signature: _____ Date _____

Parent's Signature: _____ Date _____

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