

DRESSAGE WITH LENDON GRAY



FESTIVALE of ENDANGERED EQUINES

CLINIC REGISTRATION FORM

Sunday, September 7, 2008

PARTICIPANT INFORMATION:

Name: _____ Horse's Name: _____

Address: _____ Breed: _____ Pure Partbred
_____ Horse's Registry & Reg# _____

Email: _____ Telephone: _____ Cell: _____

Status: ___ Pro ___ Amateur ___ Adult ___ Junior (under18)

Dressage Training: ___ None ___ Intro ___ Training Level I ___ Training Level II

___ 1st Level ___ 2nd Level ___ 3rd Level ___ 4th Level ___ Above: _____

Please tell us a little about your needs or expectations. What would you like to work on during your clinic session? _____

What problems would you like help with? Feel free to attach a separate sheet describing you and your horses' backgrounds. _____

CLINIC SESSIONS & FEES:

AUDITING - FREE TO PUBLIC with KHP admission

Circle Preferred Session: **9AM 10AM 11AM 12PM 1PM**

___ \$150 per 45 min private session

___ \$ 85 per 45 min semi- private session (2 riders)

___ \$ 65 per 1 Hour 3-rider session

___ FPA - Liability Release form attached

STABLING:

___ \$15 Sunday Only

___ \$ 50 weekend (Thurs-Sun)

___ I already have event stabling

\$ _____ TOTAL FEES

All KHP Regulations apply to clinic participants.

PAYMENT due by August 1st, 2008

___ Check - Please make payable to **Lendon Gray**

___ PayPal Option On-Line payment (plus form)



Mail Payments to:

Equus Survival Trust -Field Office

775 Flippin Road

Lowgap, NC 27024

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www.Equus-Survival-Trust.org