

REGISTRATION

Competitor's Dressage Clinic with Mary Flood

May 16th, 2010

Your Name: _____

Address: _____

Phone Number: _____

E-mail Address: _____ (print clearly)

Riders Only – Horse's name, age, breed _____

Riders Only – Date of Coggins – attach copy (Required) _____ (if I have a current copy on file you do not have to resubmit)

Check one of the following:

_____ I wish to ride (\$135 session) Ride time preference: AM _____ PM _____

_____ I wish to pre-register to audit (\$25 a day, \$35 walkin).

TOTAL DUE: _____

Please complete this form (with coggins if you are riding), along with a check payable to Mary Flood and mail to:

Mary Flood, Wildfire Farm, 39586 Rodeffer Road, Lovettsville, Virginia 20180

Ride times will be sent via email (or telephone if no e-mail provided) approximately one week before. Refunds, less \$70 cancellation fee for whatever reason, will **only** be given if your spot can be filled by someone from the waiting list. All riders are required to wear a regulation riding helmet while mounted. Audit fees are non-refundable.

NO DOGS PLEASE

Drinks and snacks will be provided. Bring your own lunch.

WAIVER: Wildfire Farm, Mary and Ted Flood, the staff, management, volunteers are not responsible for damage, injury, death, or loss to persons, horses or property of participants, auditors, spectators or grooms. By entering the clinic, the owner, trainer, rider and all their agents and invitees waive any right of action against Farm or Trainer for any liability arising from said clinic.

Signature _____ Date _____

Contacts: www.wildfirefarm.com maryflood@aol.com 540-882-4741