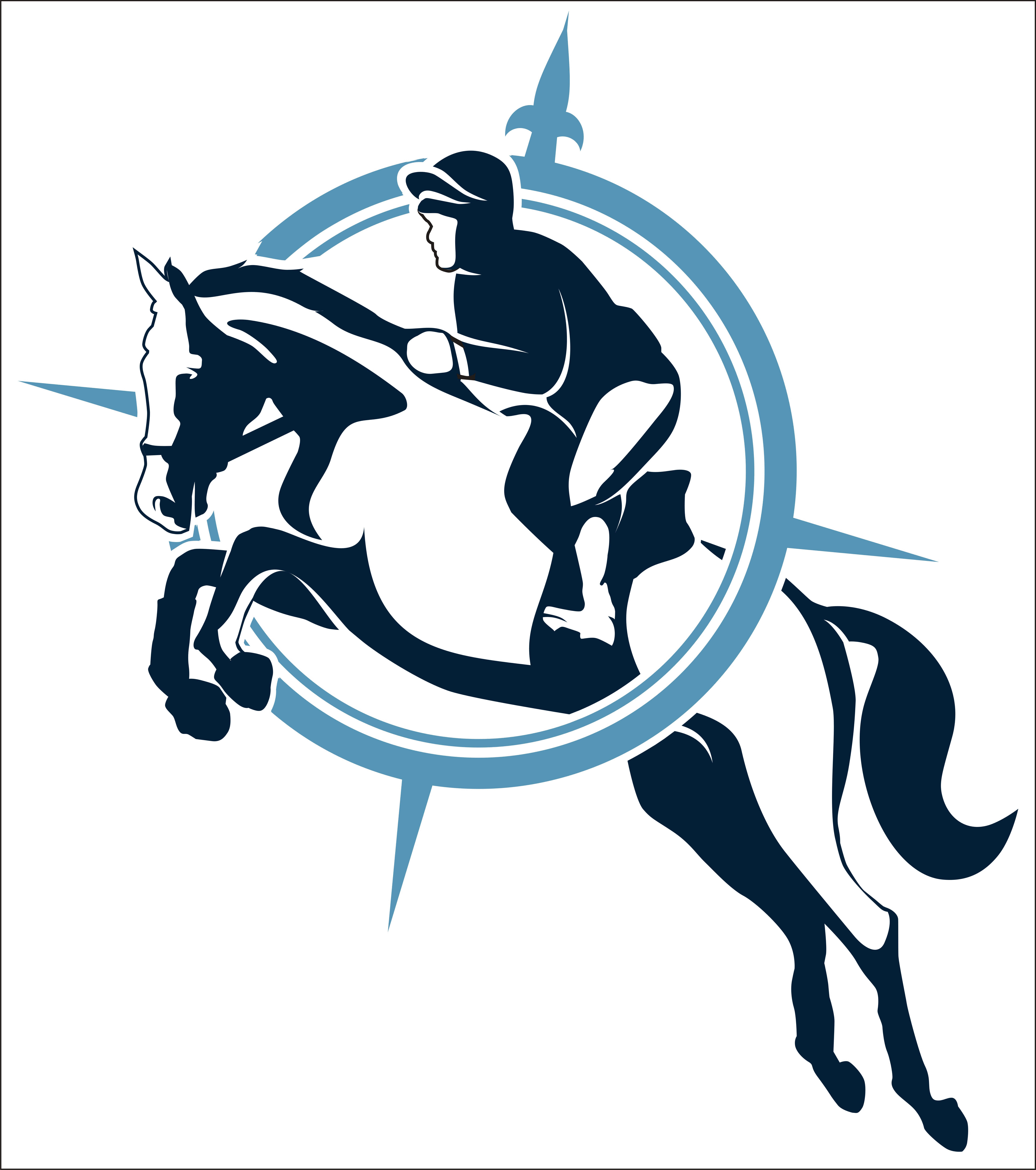
**HAWLEY BENNETT-AWAD, USEA ICP Level IV Instructor**

**CLINIC REGISTRATION FORM**

**JULY 30 – 31, 2016**

Opening: May 5, 2016. Closing: July 5, 2016

RIDER NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NICKNAME \_\_\_\_\_\_\_\_\_\_\_\_ DOB \_\_\_\_\_\_\_\_\_ or SR

EMAIL ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PH # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

STREET \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CITY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ STATE \_\_\_\_\_\_ ZIP \_\_\_\_\_\_\_\_

EMERGENCY CONTACT \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PH # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ALLERGIES OR MEDICAL CONDITIONS (RIDER) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

RIDER EXPERIENCE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HORSE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ BREED \_\_\_\_\_\_\_\_\_ GENDER \_\_\_\_\_ HEIGHT \_\_\_\_ AGE \_\_\_\_

COLOR \_\_\_\_\_\_\_ MEDICAL OR FITNESS ISSUES (HORSE) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HORSE EXPERIENCE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

LEVEL REQUESTED FOR CLINIC (CIRCLE ONE): ELEM BEG NOVICE NOVICE TRAINING PRELIM

**PLEASE CHECK ALL THAT APPLY:**

\_\_\_\_ $350 WEEKEND ENTRY \_\_\_\_\_\_$250 ONE DAY ENTRY (SAT OR SUN) – IF SPACE PERMITS

\_\_\_\_ $40/NIGHT STABLING – VERY LIMITED AVAILABLITY. PLEASE CONTACT US IN ADVANCE.

I enclose a total of $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ payable to True North Farm, LLC for the entry for the clinic above and related services which is made at my own risk and subject to the conditions of sponsoring True North Farm. Further, in doing so, I understand that riding of and working with horses can be dangerous for both horse and rider. In addition, I release True North Farm, it’s members, all volunteers and students, representatives and staff from any and all liability actions, causes of action, claims and demands of every kind and nature whatsoever which may arise in connection from or resulting from participation in any activities at or related to True North Farm.

Signature (parent/guardian if under 18 yo) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed name of Parent/Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Completed registration forms, with payment and proof of Coggins should be mailed before closing date to: Kay Slater

True North Farm, LLC

339 Queen Anne Rd

Harwich, MA 02645