

ENTRY FORM

****2018 TURTLE CLINIC SERIES at THORNTRIDGE MANOR!!****

**** Only one Horse/Rider/Date-Combo per Entry – Please Make Copies ****

**** Mail Entry to Phoebe: PO Box 4010, Glen Arm, MD 20157 – Info provided****

**** All Payment made payable to: Thornridge Manor, LLC ****

**** Please refer to our Clinic Information Provided ****

Circle 2018 Clinician/Date: Aviva/July22 Becky/Aug19 Ange/Sept9

RIDER: _____ Circle: YR AA Open

Address: _____

Email(s): _____

Telephone(s): _____

EMERGENCY CONTACT Relation & Number(s): _____

HORSE Description and Training/Showing Level(s): _____

Coggins Date: _____ [Must include copy for entry to be considered complete]

CLINICIAN: _____ **FEE:** _____

ANGE/Sept 9, 2018 Semi Private Request DETAILS: _____

AUDIT ONLY: \$10 _____

TOTAL FEES made payable to THORNTRIDGE MANOR, LLC = _____

RELEASE OF LIABILITY TO FOLLOW STANDARD THORNTRIDGE MANOR, LLC AGREEMENTS: Will be provided day of clinic prior to your ride OR can be requested to get emailed prior to day of clinic. Scanned signatures will be accepted. NOTE: THIS HOLD HARMLESS IS DIFFERENT THEN THE CT SERIES Hold Harmless on CT Entry Form.....BOTH MUST BE SIGNED APPROPRIATELY!