Eric Smiley Clinic Fri- Sun June 21-3, 2019:

Closing Date: Mon, June 10th

Late entries accepted if room. Entries non-refundable after the closing date unless your spot can be filled.

Location: Hitching Post Farm at 2096 Back River Rd, South Royalton, VT 05068

Lessons: Dressage lessons are semi-private for 1 hr. Jumping is in small groups (or semi-private if and when the schedule allows) for 1 hr. XC lessons are usually groups of 3-4 for 1 ½ hr but scheduling may allow for smaller and/or larger groups with time dependent on group size. Private dressage &/or show jump lessons may be available by arrangement at \$175 for forty-five minutes.

Fees: 1 day/phase - \$150; 2 days/phases - \$270; 3 phases - \$360

Times: I will confirm time restrictions/requests a day or two after closing of entries but times will not be official until a day or two before the clinic and last minute changes often happen so stay tuned to your email. I will make every attempt to accommodate the needs of riders but I can't promise anything.

Days: As usual for a 3-day clinic we will try to have dressage Fri, jumping Sat, and XC Sun but things are usually pretty flexible if you need specific phases on specific days. The earlier you enter and let me know your scheduling needs, the more likely I will be able to accommodate them.

Stabling may be arranged with Laurie Hudson/Hitching Post Farm. (802) 763-8164 or laurie@hitchingpostfarm.com

Payment required to sign up. Please make checks out to Kate Rakowski.

I will communicate via email for most information; if that's problem, let me know.

Mail signed entries with check to me or drop them off at Strafford Saddlery, attention Kate/Eric Smiley Clinic.

Kate Rakowski re: Eric Smiley Clinic 21 Meadow View Ln. Hartland, VT 05048

If I haven't seen you and your horse out and about competing, please also send a coggins test or bring it to show to Laurie if you're stabling or me if you're shipping in.

Also check out eventclinics.com and search for Eric Smiley for info and online signup with check/ paypal/credit card

Call or email for more info, questions, comments Kate at (802) 299-1220 katerakowski@yahoo.com

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Rider Information
Name:
Address:
Phone:
Email:
If I haven't had you in a clinic recently, briefly describe your riding level and experience. If I have had you lately, just let me know what's new:
Horse Information
Name:
Again, If I haven't had you recently, briefly describe your horse's level and experience:
What would you like to work on?

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What level group do you	-			n for this		_	
Elementary	BN	N	Т		M	Р	
Circle days that work for	you:	Fri	Sat	Sun	Any		
Circle phases you'd like (you must do show jump		•	Show Jump or be approv	•	Cross–Cour knows you a	•	all horse.)
Scheduling Needs:							
People you know are co	ming and v	ou'd like in vo	our aroun.				
		ou u like ili yo	ur group.				
Other notes/things I sho	uld know:						
I enclose herewith a total	ıl of \$	for the a	aforemention	ed entry, v	vhich is made	at my	
own risk. In addition, I as	ssume all th	ne risks result	ing from part	icipation in	n this clinic ar	ıd	
will hold harmless the or	ganizer, Er	ic Smiley, and	d Hitching Po	st Farm fr	om any and a	all	
liability actions, causes of	of action, cl	aims and dem	nands of eve	ry kind and	d nature what	soever	
which may arise in conn	ection with	or resulting fr	om participat	tion in any	of its activitie	es .	
Signature							
Signature of parent or g	uardian if u	nder 18					