## CNYD&CTA CLINIC ENTRY FORM



	/ LOCATION:			DATE:
			P	Age (if under 18):
Phone #:	E-Mail		CNYD&CTA Member: Y or N (Circle One)	
SECTION I -	RIDER/HORSE EXF	PERIENCE (must b	e completed for all o	clinics)
Rider Experien	<u>1Ce</u>			
	Dressage	Eventing	Hunter/Jumper	Other Experience
Yes or No				
If yes, level?				
Horse Experie	<u>nce</u> Hors	se's Name		Age:
	Dressage	Eventing	Hunter/Jumper	Other Sports
Yes or No				
If yes, level?				
s your horse di	ifficult to control in the	open? Y or N (	Circle One)	
	ence heights you and y of instruction you wou		table jumping: <b>N/A 18</b> is clinic:	3"2'2'6"3'3'+
Dressage only Private	q Stadium or q Semi-priva			dicate) q <b>ed Onlv</b>
f semi-private or	group, identify other ride	er(s), if known	·	-
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Entries: Include t certificate (within date is 10 days p CNYD&CTA men	full payment, proof of cu 1 year of clinic date) with rior to clinic date. Incom nbers unless otherwise s	rrent Negative Coggins to h this form, and mail to c aplete entries will not be p stated.	est or previous year (if NY linic organizer listed in ani processed until complete.	S)] and current rabies nouncement. Clinic closing
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Date:

Signature of Parent or Guardian: