

EquiChord Freestyle Seminar and Clinic

REGISTRATION FORM

PARTICIPANT INFORMATION:

Name: _____

Address: _____

STREET ADDRESS

CITY

STATE

ZIP CODE

Email: _____ Telephone: _____ Cell: _____

Status: Pro Amateur Adult Junior (<18) Young Rider(18-25)

Discipline: Dressage Hunter/Jumper English Western

Dressage Training: None Intro Training Level I Training Level I 1st Level 2nd Level
 3rd Level 4th Level Prix St. George Intl Intl Grand Prix

Please tell us a little about your needs or expectations. What would you like to work on during your clinic session?

Have you done a Freestyle before? If so, please tell us a little about the experience

What types of music do you like?

BrunchINAR:

Part One

____ Number of Attendees
(\$35.00 per person)

CLINIC SESSIONS:

Private Instruction

____ \$125.00 one day (per individual ride)*

____ \$225.00 two days (per individual ride)*

____ Number of Horses

Semi-Private Instruction

(For those interested in learning to ride a Pas de Deux, etc., or in groups)

____ \$75 one day (per rider)

____ \$150.00 two days (per rider)

____ Number of Horses

**If you decide to continue on and have EquiChord design your freestyle, EquiChord's clinic fee will be deducted from the overall cost of the freestyle.*

Auditors welcome! \$25 one day

\$50 for both days

Make Check Payable to:

Credit Cards Accepted

**EquiChord
404 Tailor Street
New Market, MD 21774**

888-229-8975 Phone

888-886-0125 Fax

EQUINE ACTIVITIES WARNING DISCLAIMER: EquiChord is not liable for any injury of a participant or their horse during equine activities resulting from the inherent risk of equine activities. Attendee attests that they have provided all the necessary releases, certificates and paperwork required by the facility and the local and federal governing bodies.

PLEASE SIGN: _____ **DATE:** _____