



“Better Riding Through Knowledge”
June 26-27, 2010

Participant Registration Form

Date: ____/____/____

Participant Information

Name: _____

Address: _____

Phone: ____/____ Email: _____

Experience (Rider)

Years Riding _____

I would consider my riding level to be: ____ Beginner ____ Adv. Beginner ____ Intermediate

____ Adv. Intermediate ____ Advanced ____ Professional

Experience (Horse)

Name of Horse: _____ Age: _____

Experience: _____

Please Indicate Your Preference(s) by Filling in Box/Spaces Below:

- Dressage (by appointment on Friday June 25th)
- Show Jumping ____ Morning ____ Afternoon
- Cross Country ____ Morning ____ Afternoon
- Fox Hunters ____ Morning ____ Afternoon

Lellie will customize a schedule based on participant preferences. Once a schedule has been determined, it will be emailed to all participants. The schedule will also be posted on www.paradisefarmaiken.com. Clinic runs from “sun up to sundown” rain or shine!

Cost to Attend

\$175/ both Sat & Sun \$75/Private Dressage Lesson

Clinic entry will be confirmed upon receipt of check. Checks can be made payable to Lellie Ward. Please mail registration form along with your check, signed * Waiver / Release form and copy of negative Coggins (12 mo.) to:

Lellie Ward, 4066 Wagener Rd., Aiken, SC 29805.

For further questions and/or additional info, call Lellie (803) 640-4918 or email lellie@paradisefarmaiken.com

**Waiver/Release form is available for download online at www.paradisefarmaiken.com.