

CRF CLINIC PARTICIPATION FORM

CLINIC/DATE: _____

NAME: _____

ADDRESS: _____

_____ telephone: _____

e-mail: _____

RIDING LEVEL: **BN** **N** **T** **P** **I** **A**
(please circle) foxhunter dressage hunter

Horse experience: _____
(competition level/show experience, etc.)

Stabling required? _____ # of nights _____
(\$30/night)

Clinic fee: _____ stabling fee: _____ Total: _____

Current negative coggins must be mailed with participation form, as well as signed release form. Payment must be included with forms in order to reserve clinic slot. No refund except for clinic cancellation.

Please mail forms/payment to:

**Cedar Ridge Farm
7804 Jefferson River Rd.
Athens, GA 30607
Attn: Carolyn Cadier**

All information on website: www.cedar-ridge-farm.com