

Bernie Traurig Clinic

May 21-22, 2016

At Creekside Equestrian Center
3905 Swift Creek Road, Smithfield NC 27577

Name of horse _____
Name of rider _____
Email _____
Address _____
Phone# _____

Rider Level (check one): Beginner Intermediate Advanced

Fence height (check one): X-Rails/ EQ Flat 2' 2'6 3' higher/Jumpers

FEES:

Rider participation fee for Day/weekend.....	\$300/\$450	x _____	= _____
Stall fee for clinic Day/Fri-Sun).....	\$30/\$80	x _____	= _____
1 Family Member or Coach Auditor per rider per day.....	free		
Addtl' Audit fee per day.....	\$25	x _____	= _____
Haul-In Fee/day.....	\$20		
Dinner** and Q&A (Saturday)...	\$25	x _____	= _____

(Make checks payable to Creekside Equestrian Center) TOTAL DUE: _____

DEPOSIT OF 50% IS DUE TO HOLD YOUR SPOT. RECEIVED BY MAY 8, 2016

**Weekend fee includes Dinner and Q&A

As a condition of my entry, I indemnify and hold harmless Creekside Equestrian Center and all Creekside members from and against any and all claims, damages, actions, liability, and expenses in connection with loss of life, personal injury, and/or damage to property arising from or out of the participation in any Creekside Equestrian Center event. I understand that there are inherent risks in horseback riding and dealing with horses, and my signature below verifies that I participate at my own risk

Signature: _____

Date: _____

Creekside Equestrian Center

3905 Swift Creek Road
Smithfield NC 27577
Phone: 919-934-2236

E-mail:
Creeksideequestriancenter@gmail.com

www.creeksideec.com

