



Alexandria Equestrian Association

CLINIC ENTRY FORM

Clinic Name: _____ Clinic Date: _____

Rider Name: _____

Street Address: _____

City/State: _____ Zip: _____ Phone: _____

Email: _____ Age: _____

Horse Name: _____ Horse Age: _____

Emergency Contact Name/Phone: _____

Horse/Rider Experience: _____

Lesson Type (Private/Semi-Private/Fix-a-Test)	Additional Riders (if applicable)	Preferred Ride Time (AM or PM)	Stall Required	Total Enclosed

Additional Considerations (trailer with others, specific ride time, TEST if doing Fix-a-test): _____

Signature of Rider/Parent _____

- **Dry Stall Fee: \$20 per stall.** Stalls MUST be cleaned and all manure must be removed from grounds by competitors. \$10.00 will be refunded when stall is cleaned.
- **Make checks payable to:** Alexandria Equestrian Association
- **Mail Registration Form, Check and Copy of current Coggins (within 1 year) to:**
Sherry Morse
321 W. Burke St.
Easton, PA 18042