



# 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: \_\_\_\_\_

| Lesson Type<br>(Private/Semi-Private) | Additional Riders (if applicable) | Preferred Ride Time<br>(AM or PM) | Stall Required | Total Enclosed |
|---------------------------------------|-----------------------------------|-----------------------------------|----------------|----------------|
|                                       |                                   |                                   |                |                |

**Additional Considerations (trailer with others, specific ride time, etc.):** \_\_\_\_\_

**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