

Clinic Registration

Name: _____

Address: _____

Email: _____

Phone Number: (_____) - _____

Clinic Attending (Please Check):

Terrence Huebner:

Jumper Clinic:

Dressage Fix a Test

Section 1 (\$100)

Section 1

Intro Test A

Section 2 (\$100)

Section 2

Intro Test B

Section 3 (\$125)

Section 3

Intro Test C

Section 4 (\$125)

Section 4

Training Level Test 1

Section 5 (\$150)

Training Level Test 2

Training Level Test 3

First Level Test 1

How Will you be attending?

Rider

First Level Test 2

First Level Test 3

Spectator (\$40)

Second Level Test 1

Second Level Test 2

Second Level Test 3

Number of Attendees?

Other Test:

_____ Write Test In

Each rider receives 1 free spectator seat

Other Test:

Please Name Spectator Below:

_____ Write Test In

What is your riding goal for this clinic?
