

Amanda Johnson Clinic Entry

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

e-mail: _____ Phone: _____

(ride times will be sent via e-mail on Fri. July 1st.)

Horse: _____ Stallion ___ Mare ___ Gelding ___ Riding Level: _____

Youth CLD mem. (45.00) _____

Youth non-mem. (75.00) _____

Adult CLD mem. (75.00) _____

Adult non-mem. (85.00) _____

Stall overnight (30.00) _____

Stall day (20.00) _____

Number of lunches for you and guests ___ X 8.00= _____

Total _____

Preference AM or PM ride time: AM ___ PM ___

(We will attempt to schedule according to preference, no guarantees given)

Please give us a description of accomplishments, short descriptive bio on your horse and your goals. _____

If you are enrolling for membership with CLD please submit enrollment form with entry forms can be downloaded @ centerlinedressage.com

Make checks payable to Tower Hill and mail entries to: Tower Hill Equestrian Center
1357 S. Tower Rd Dawson Il 62520 questions: Teri Morenz 217 415-8413
www.towerhillequestrian.com e-mail: towerhillec@gmail.com phone: 217 364-4840

Signatures: I understand that I have entered the above Equestrian activity at my own risk, and I hereby waive any and all claims for personal injury or property damage suffered by me, my child, or my horse against Tower Hill Equestrian Center, owners, agents, employees, servants, instructors, guests and organizers arising out of incident to, but not limited to the above mentioned equestrian activity.

Participant or Parent signature

date _____