

Eastern States Tryouts Prep Clinic Entry Form

Entries need to be returned by May 16, 2009

Participant's Name: _____

Participant's Address: _____

Phone Number: _____

Horse's Name: _____

Club Name: _____

Seat: English Western Saddle Seat

Payment: A Check or Money Order, non-refundable deposit of \$20.00 needs to accompany your entry form to reserve your place in the clinic. This is due to the limited number of clinic participants and our desire for a full clinic. The balance of \$20.00 is to be paid at arrival at the clinic.

Parent or Guardian's Signature

_____ Date: _____

Return Form To:
Sarah Chadbourne
1233 High Street
W. Gardiner, ME 04345