



CLINIC ENTRY FORM 2010

Ethel, WA

(Please use a separate form for each entry—entry MUST BE COMPLETE.)

Participant's Name: _____

Address: _____

City, State, Zip: _____

Email: _____

Phone: H _____ C _____

Name of Clinician: _____

Date(s) of Participation: _____

Participating with horse or audit? _____

Horse(s) Name: _____

Horse(s) Level of Competition/Training: _____

Driver's Level of Competition/Experience: _____

Approximate arrival time and date: _____

Please stable with: _____

Permission for a minor to show: Date of Birth: _____

I hereby consent to the entry of my child, _____, in this horse event and certify that I have read the foregoing representations and statements and that the same may be deemed a part thereof, and hereby accept responsibility thereunder for the participation of said minor.

Signature of Parent/Guardian: _____

Entry Fee \$ _____

Stabling fee \$ _____

Includes shavings, please clean prior to leaving.

Additional nights fee @ \$10 per stall per night.

Add'l night(s) needed: _____ \$ _____

Medical armbands @ \$10.00 \$ _____

Misc. Fees \$ _____

Current 2010 Friends of Happ's: Evgr For Sh Em

New 2010 Friends of Happ's Membership \$ _____

(Evergreen @ \$50; Forest @ \$100; Shamrock @ \$150; Emerald \$200)

TOTAL FEES ENCLOSED: \$ _____

Show copy of negative Coggins test (w/i 6 months) for out-of-state horses (not WA and OR) before unloading.

Please include Happ's Waiver, if not already on file.

Make checks payable to:



1489 US Hwy 12
Ethel, WA 98542