



# T. SMITH NAVIGATOR CLINIC 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 \_\_\_\_\_

Friday: Participating  Auditing

I am willing to drive my horse for others on Friday: Yes  No

Participant's Level of Competition/Experience: \_\_\_\_\_

\_\_\_\_\_

Horse(s) Name: \_\_\_\_\_

Horse(s) Level of Competition/Training: \_\_\_\_\_

\_\_\_\_\_

2<sup>nd</sup> Participant's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: H \_\_\_\_\_ C \_\_\_\_\_

Friday: Participating  Auditing

Approximate arrival time and date: \_\_\_\_\_

Please stable with: \_\_\_\_\_

Friday Participant Fee @ \$50 per participant or  
Audit Fee @\$40 per participant \$ \_\_\_\_\_

Saturday lesson fee @ \$40 for **driver & navigator** \$ \_\_\_\_\_

Stabling fee \$50 (noon Thursday – 6pm Saturday) for  
horses not in CDE Schl Weekend. Includes  
shavings, please clean prior to leaving. \$ \_\_\_\_\_

**OR**  
Additional night fee @ \$20 per stall per night  
for Thursday night for horses in CD Schl Wknd \$ \_\_\_\_\_

Medical armbands @ \$10.00 \$ \_\_\_\_\_

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