



# CLINIC ENTRY FORM 2011

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

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

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

Permission for a minor to participate: Date of Birth: \_\_\_\_\_

*I hereby consent to the entry of my child, \_\_\_\_\_, in this horse clinic 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 @ \$20 per stall per night.

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

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

Misc. Fees \$ \_\_\_\_\_

Current 2011 Friends of Happ's: Evgr  For  Sh  Em

**New 2011 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