



Kevin Freeman Jumping Clinic
Saturday, January 30 & Sunday, January 31, 2010



Registration Form

Participant's Name: _____

Parent/Guardian's Name: _____ **Age:** _____

(If participant is a minor)

Address: _____

Phone: _____ **E-mail:** _____ **Owner's Name:** _____

Horse or Pony: (circle one) **Name:** _____



Trainer's Name: _____ **@Barn:** _____

Height range of fences you prefer & experience level of horse/pony & rider: _____

Your Primary Riding Goal for the 2010 season: _____

With the knowledge and understanding that I am participating in a high risk sport, I, the undersigned do not hold Cygnet Farm LLC, Arnstad & Associates LLC, Kevin Freeman & Clodomir Farm LLC, or this clinic's agent or representatives responsible for any accident that may occur to any participant, agent, horse, or equipment at this event.

Rider's Signature: _____ **Owner's Signature:** _____

(If rider is a minor parent/guardian's signature)

Clinic cost:



\$195.00 per participant

\$10 discount renewal membership by 1/30/2010

Arm Chair Lecture/Wine & Cheese Hospitality:

\$5 young riders (under 12) & clinic participants/\$10 all others

Please list names: _____

Stall(s) - No. of nights _____ @\$25/noc.

TOTAL Fees:

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Please make checks payable to Arnstad & Associates LLC, 5595 Hillcrest Rd., Medford, OR 97504. Mail or leave in Mary Arnstad's mailbox in Cygnet Farm Club Room by January 23rd. Thank you for your participation.

STALLS: Stalls may be available for this event. Contact Katie Bubb 541/261-3315 or katiebubb@aol.com.



Overnight Lodging for out of town riders: Home stays may be available with other clinic participants and riding friends. Contact Mary 541/944-1290 or maryarnstad@msn.com.

Designs y Hoofbeat Graphics...all horsee inclusive.