

Cavalletti Clinic with Jerry Schurink

April 19, 2008

Opening date: March 21 • Closing date: April 11

Location: Sue Berrill's, Brownsville, VT • (802) 484-3928



Secretary & Manager: Jean Sangdahl
209 Cross Rd. • West Windsor, VT 05089
(802) 484-5914 • jean.sangdahl@valley.net

Name of Rider: _____ Age (if under 18): _____

Address: _____

Telephone: _____ Email: _____

Horse Name: _____ Age: _____ Sex: _____ Breed: _____

Level Currently Working: _____ Level Currently Showing: _____

EMERGENCY CONTACT INFO: _____ Telephone: _____

SPECIAL REQUESTS: _____

Fees:

45-minute private: CVDA Member: \$95 • CVDA Non-member: \$105

1 hour semi-private (2 riders): CVDA Member: \$75 per rider • CVDA Non-member: \$85 per rider

1 hour group (3 riders): CVDA Member: \$55 per rider • CVDA Non-member: \$60 per rider

Auditing: CVDA Member: \$10 or volunteer chit • CVDA Non-member: \$15

Preference given to CVDA members • Refunds after closing date given only if place is filled, minus \$10 office fee.

Total Fees enclosed: _____

ALL CHECKS SHOULD BE MADE PAYABLE TO CVDA, INC.

I hereby enter my horse at my own risk subject to all rules and regulations of this event. I understand that the sport of horseback riding is inherently dangerous and that serious injury and death can occur. I agree that if any injury occurs to me, my horse, or any equipment that I may use or send for use in this event, I will make no claim against Central Vermont Dressage Association, Inc., Jerry Schurink, Sue Berrill, or any of the Officers, Directors, Trustees, Employees, and Volunteers of the aforementioned organizations. I further agree to hold the CVDA, Jerry Schurink, Sue Berrill, Officers, Directors, Trustees, Employees, Volunteers, and any Landowner free and harmless from any liability, claims, suits or damages of whatsoever kind or nature that may be occasioned by the horse/s exhibited or owned by me or the negligence of the person/s in charge of such horse/s and I agree to indemnify and hold harmless these associations and individuals against all liability, claims, suits, and expenses including attorney fees incurred, arising out of any injury to any person/s or damage to any property caused by me, my horse/s or attendant/s. I agree that I or any rider/s of my horse will wear a hard hat at all times while mounted.

Signature of Owner

MUST BE SIGNED

Signature of Rider (parent if rider is under 18)

MUST BE SIGNED

You can find more information and download entry forms at the CVDA website:
www.cvda.org