

A Clinic with Three Time Olympian JOE FARGIS
USHJA Affiliated
Crossroads Equestrian Center
83 Big Elm Road
Brewster, NY 10509
Phone: (845) 279-4953 * E-Mail: xroadsfarm@comcast.net

Clinic Application

Clinic Dates: October 31 and November 1

Participant's Name: _____

Home Address: _____

City, State, Zip: _____

E-Mail Address: _____

Parent/Legal Guardian Name (if under the age of 18): _____

Home: (____) _____ Cell: (____) _____ Work: (____) _____

I would like to attend the following sessions (please check one):

Sat., 10/31

Sun., 11/01

____ 8-10 am ____ 8-10 am Advanced Session (3'0")

____ 10-12 pm ____ 10-12 pm Intermediate Session (2'6" – 3'0")

____ 1-3 pm ____ 1-3 pm Beginner Session (2'3" – 2'6")

____ Auditor ____ Auditor

COSTS are as follows:

\$450.00 for Crossroads customers for both days

\$500.00 for non Crossroads customers for both days

\$ 25.00 per day for auditing

To reserve space, please complete this registration application along with your check in full payable to:
Crossroads Equestrian Center, Ltd.

All participants will be required to complete and sign a standard Liability Waiver and Release and Hold Harmless Indemnification Agreement PRIOR to participation in the Clinic. **Limited stabling is available (please call for rates and availability)**

FOR OFFICE USE ONLY – PLEASE DO NOT WRITE BELOW THIS LINE

Clinic Cost: _____

Auditor Cost: _____

Stabling Cost: _____

TOTAL DUE: \$ _____

PAYMENT RECEIVED: Check # _____ Cash _____ Date: _____