



CHA STANDARD CLINIC REGISTRATION FORM

September 14-18, 2017
New Day @ Meadowview Farm
10830 Big Bone Church Rd.
Union, KY 41091

Please return this form within ten (10) days of receipt to: New Day @ Meadowview Farm
10830 Big Bone Church Rd. Union, KY 41091 Questions: 859-384-4048/ beth@newdaynky.org

The total clinic fee is **\$875.00**. Please include a non-refundable deposit of **\$200.00**. The balance of **\$675.00** is due upon arrival.

Name: _____ Date of birth: ___/___/___ Sex: Male / Female

Address: _____ City: _____

State: _____ Zip Code _____ Phone (____) _____

Complete the following if you are being sent to this clinic by a camp, stable or organization:

Sponsoring camp/organization: _____

Address: _____ City _____ State _____

Contact person: _____ Phone: (____) _____ Zip _____

Who is financially responsible for the clinic fees? _____

(Participant must sign a permission slip if we are to send a copy of your evaluation to any organization.)

Who should we contact in case of an emergency? _____

Phone # (____) _____

In case the above person cannot be reached, please sign if you authorize the above clinic to arrange for emergency medical treatment. (Parent or guardian must sign if applicant is under 21 years of age.)

Signed: _____ Date: _____

Do you have any medical/physical problems which might be affected by riding, camping or which we should be aware of?

RIDING EXPERIENCE AND GOALS

I will be arriving by: Car _____ Bus _____ Plane _____ Other: _____

I will be arriving: Sunday Evening (extra \$80 dollars) _____ Monday Morning _____

I plan on riding: English _____ Western _____ Both _____

Briefly describe the type of riding that you do and your riding experience; include horse care and management experience.

Please describe your experience in teaching riding and/or other forms of teaching or work with young people (teaching school, swimming, camp counselor, work with youth groups, etc.)

If you plan to teach riding this year, please describe the type and size program you plan to work with and what your duties will be.

What do you hope to accomplish by attending this clinic? Do you have any special problems or interests that you would like to see covered in this clinic?
