

SNHDCTA Presents a RIDE REVIEW RIDE Clinic with

Yvonn Coleman-Larsen

Sunday, April 22, 2012

Clinic Contact: Debi Barka 603-434-4938

**Clinic Location: MSPCA Nevins Farm, Methuen MA
400 Broadway, Methuen MA**

Opening Date: March 15, 2012 Closing Date: April 15, 2012

We are very pleased to offer this clinic with Yvonn, she is a USDF "L" judge, trainer, instructor and owner of Europa Farm in Deerfield New Hampshire. She has over 25 yrs experience in Europe and the United States. You can view her full bio on Europafarm.net.

Spaces are limited, so please sign up early. Preference will be given to Members. Please circle:

Member

\$55.00

Non-Member

\$65.00

30 minute Private

Auditor \$10.00

- Helmets must be worn at all times while mounted. SEI/ASTM helmets are recommended.
- Enclose a copy of negative Coggins Test within 1 year.
- No refunds unless space can be filled from the waiting list.
- Only ONE horse/rider combination per each form. Priority is given to SNHDCTA members.
- Auditors are welcome - there is a \$10.00 fee.
- Times will be available from Debi Barka or on our new website www.SNHDCTA.org
- **DOGS ARE NOT ALLOWED - THIS WILL BE STRICTLY ENFORCED**
- **DO NOT CONTACT MSPCA REGARDING CLINIC**



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NAME OF RIDER _____ LEVEL OR INTEREST _____

NAME OF HORSE _____ LEVEL OR EXPERIENCE _____

STREET _____ TOWN _____ STATE _____

ZIP _____ HOME (____) _____ CELL (____) _____

PLEASE INDICATE IF YOU ARE TRAILERING WITH ANOTHER RIDER _____

I agree to hold Southern New Hampshire Dressage and Combined Training Association and the owners and operators of the host facility and any and all employees free from any and all claims and demands of any nature that may be occasioned by me or those in my charge, or horses entered by me, and agree to abide by the rules and to accept all decisions rendered by the clinic instructor and/or the owners/operators of the host facility and the Southern New Hampshire Dressage and Combined Training Association. My signature constitutes an acceptance of this waiver.

SIGNATURE OF RIDER (parent or guardian if under 18 years old.) _____

DATE _____

Mail the lower half of this form along with a Coggins test and your signed check (payable to SNHDCTA) to:

Member: _____ Non- Member Dressage: _____

Debi Barka, 63 E. Derry Rd Derry NH 03038

TOTAL Amount Enclosed: _____