

ENTRY FORM

LUCINDA GREEN CLINIC AT CHATTAHOOCHEE HILLS
APRIL 19&20, 2020

Rider Name: _____
Email: _____
Cell: _____
Address: _____ City: _____ State: _____

Name of Horse: _____ Breed: _____ Age: _____
Height: _____ Sex: _____ Owner of Horse: _____

Highest level horse has completed: _____
Highest level rider has completed: _____

Last event completed: _____
Date _____ Level _____

Goals for the clinic: _____

Checklist:

Clinic Fee: \$475 (includes Chatt's fees of \$50 XC & \$25 Stadium)

You may send vouchers in **with** your deposit (\$200) and deduct \$75 from clinic total.

Stabling needed? \$30/night _____
Shavings? _____ \$8/bag _____

Total due: _____
Payment: _____
Balance due: _____

YOUR SPOT IN CLINIC MUST BE PAID IN FULL AND RECEIVED BY MARCH 1st.
However, you may make payments. Refunds will be given ONLY if your spot can be filled from the wait list, a \$25 office fee may be deducted from refund as well.

Make check out to River Mist Equestrian LLC
Send payment and all required forms to:

Jennifer Scherrens
6065 Rogers Rd
Cumming GA 30040
Venmo is also available

Questions? Call Jen 7706053822 or email jen@rivermistequine.com

Compete Entry Checklist:
Clinic entry form
Proof of negative Coggins within 1 year
Liability release forms