



Registration Form

Name: _____ Phone: _____

E-mail: _____

Activity you are registering for? Participant/Rider Auditor

Clinic/Workshop/Event Name: _____

Clinic/Workshop/Event Date(s): _____

Location: _____

REMEMBER:

Bring current Coggins (Health Certificate if applicable), riding helmet, and equipment.

Your spot is confirmed once payment and signed registration form are received.

Outdoor host facilities will make weather forecast and judge condition of arenas
24-hours prior to start of any event.

In the event of a Host/Instructor Cancellation your check will be shredded or PayPal money credited back to you. Participant/Auditor Cancellation a credit will be kept on file with Dawn for the current year for a future lesson/event or money will be refunded if your vacant participant spot can be filled.

Signature

Date

Make Check Payable To: Dawn Roth

Mail Check and Form To: 4904 Willow Pond Road, Clover SC 29710

Using PayPal: Contact Dawn for link to make payment easy and email your registration form to dressagemanship@gmail.com