



# 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. 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.

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Signature \_\_\_\_\_ Date \_\_\_\_\_

***Make Check Payable To: Dawn Roth***

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