



Kadi Eykamp
Eventing, Dressage, Jumping Clinic
August 21, 2010

Participant name: _____

Participant _____ or Auditor _____ (check as applicable)

Street address: _____

City: _____ State: _____ Zip: _____

Telephone number: _____

Email address: _____

Please specify which aspect to the clinic you would like to participate in.

- Dressage individual 45 minute session \$95
- Show Jumping 1.5 hour session 4-6 participants per session
- Combined Dressage and Show Jumping
- Auditor \$25 for the day.

Please indicate your level of riding and primary discipline: _____

Submit entry forms to:
Bow Brickhill Stables
476 Milford Mount Pleasant Road
Milford, NJ 08848

Make Checks Payable to:
Bow Brickhill Stables

Warning: Under New Jersey Law, an equestrian area operator is not liable for an injury to or the death of a participant in equine animal activities resulting from the inherent risks of equine animal activities, pursuant to P.L., Chapter 287.

Participant Name: _____ Signature: _____

Parent Name(if rider is under 18): _____ Parent Signature: _____