

REGISTRATION FORM:

Bernie Traurig Clinic Sept. 24th & 25th

Rider/Horse Registration: Clinic Fee: \$325

Name Of Rider: _____ Telephone # _____

Address: City/Town: _____

Zip Code: _____ Email: _____

Stabling Required: (Circle) Yes / No Number of Nights Needed: _____ (\$30 per night)

Arrival Date: _____

Please indicate or check the following:

Rider's Age: _____.

Preference for Clinic: Hunters _____ Jump height Jumpers _____ Jump height

Professional Amateur Junior Children's Beginner

Currently in school: Yes / No

Preference of Group: Day Group Evening Group (No Guarantees)

Horse Gender: Mare Gelding (No Stallions)

Name of Coach/Trainer: _____

Additional Comments:

We will try to accommodate all participants' schedules as well as possible as the clinic is taking place on a Thursday & Friday, (school and work days), so will be offering two evening groups. However, space in these groups will be limited so we can make no guarantees for which group you will be placed in.

Return registration forms and make checks payable to:

The Colorado Horse Park
7522 S. Pinery Drive
Parker, Colorado 80134
ATTN: BERNIE TRAUIG CLINIC

Each participant will be allowed one auditor @ no charge; all extra auditors will be \$25 each per day, or \$40 for both days paid in advance.

Payment includes: \$325 per Rider/Horse clinic fee

Stalls: (\$30) x Nights = \$ _____

Audit Fee: (\$25) x number of extra auditors each per day = \$ _____

Audit Fee: (\$40) x number of extra auditors each paid in advance for both days = \$ _____

Total Amount: \$ _____ PLEASE SEND CHECK OR MONEY ORDER WITH REGISTRATION FORM.

All Registrations are due no later than August 1, 2009 or until all groups are filled!

* Only one Registration Form per horse and rider.

* The clinic is limited to only 24 participants! Send your registration form and check as soon as possible.

* We will contact participants By September 1st regarding what time your group will ride.