



JULIE WINKEL CLINIC REGISTRATION FORM

October 27-28, 2018

Name of Rider: _____

Address: _____

Email: _____

Phone: _____

SECTIONS:

_____ 1) 2'6" & UNDER | 8:00am - 10:00am

_____ 2) 3' - 3'3" | 10:30am - 12:30pm

_____ 3) 3'6" & UP | 1:30pm - 3:30pm

Name of Coach/Trainer: _____

Additional Comments: _____

Give us an idea of your riding level/history: _____

Return this registration form with check payable to Knightsbridge Farm by October 15, 2018.

Knightsbridge Farm
Attn: Joe Fargis Clinic
181 Whipporwill Valley Road
Atlantic Highlands, NJ 07716

All fees must be paid in full no later than October 26, 2018. Fees are non-refundable unless a replacement rider can be found, minus a \$25 administrative fee. Only one registration form per horse and rider combination.

Clinic is limited to 24 participants.

PAYMENT INCLUDES:

Clinic Fee \$350 _____

Extra Auditor Fee* \$30/\$50 _____

**Each participant is allowed 1 Auditor per day at no charge. Each additional auditor must pay \$30 per day of attendance or \$50 for both days if paid on first day.*

Total Amount Enclosed: _____