



# JULIE WINKEL CLINIC REGISTRATION FORM

## October 26-27, 2019

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, 2019.**

Knightsbridge Farm  
Attn: Julie Winkel 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 \$475** \_\_\_\_\_

**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:** \_\_\_\_\_