

RIDER REGISTRATION FORM
FOR THE
ROBERT GAGE CLINIC
Saturday & Sunday, May 17-18, 2014



www.newheightshuntersandjumpers.com

Hosted By: New Heights at Circle E Equestrian Stables – W1421 County Road Vv, Seymour, WI 54165
 920-680-7399

LIMITED NUMBER OF SPACES AVAILABLE --- RESERVATIONS ARE ACCEPTED ON A FIRST COME, FIRST SERVE BASIS

***** ONLY 4 RIDERS per GROUP *****

Rider Name: _____ WHJA Member: Yes or No USEF/USHJA #: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Telephone #: _____ Mobile #: _____ Email: _____

Trainer/Stable Name: _____ Trainer Telephone #: _____ Trainer Email: _____

1. What level of competition/shows have you successfully competed in? (ie: USEF Local Member, C, B, A, AA, AAA) Please list: _____

2. What are the classes/divisions you and your horse have successfully competed in? (ie: Long/Short Stirrup Hunter, Limit Hunter, Child/Adult Jumper, Sm./Lg. Junior Working Hunter, Adult Equitation, Medals, Etc.) Please List: (Be specific) _____

3. At what fence height(s) are you and your horse most comfortable together? (ie: 2, 2'-2'3", 2'6"-2'9", 3'-3'3", 3'6"+ Etc.) Please list: _____

If you are a rider, who would you like to give your one free guest auditor ticket to - Name: _____
 Email: _____

Every Rider & Auditor Must Also Read & Fill-out the USHJA Liability Release, the Robert Gage Liability Release and the New Heights/Circle E Liability and Hold Harmless Agreement.

Concessions/Food/Beverages Will Be Available For Purchase During the Clinic On Saturday & Sunday.

I/We will be attending the "Rider/Auditor Get-Together FIESTA" on Saturday evening following the clinic at approx. 6 pm. - # of people that will attend: _____

RIDER FEES: 2-Day (Saturday & Sunday) Clinic (\$550) - 90 minutes/day - (Max. of only 4 riders per group) ----- \$ _____
 One Day Stall (\$50) ----- \$ _____
 Weekend – Portable (9x9) Stall Fee (\$99) Friday thru Sunday/Monday ----- \$ _____
 Weekend – Permanent (12x10+) Stall Fee (\$130) Friday thru Sunday /Monday ----- \$ _____
 Weekend – Permanent Tack/Feed Stall (\$130) ----- \$ _____
 Embroidered: Robert Gage "Judge my Ride" Souvenir Saddle Pad (\$28) ----- \$ _____
Saddle Pad Orders Must Be Received By April 15th
 Add your name embroidered on the saddle pad (\$10) ----- \$ _____ Name: _____
 Trailer-In Fee/No Stall (\$30/day or \$75/weekend – Fri.-Sun.) ----- \$ _____
 Bedding/Shavings (\$8/bag or BYO) _____ # of bags x \$8.00 = _____ \$ _____
 One free Guest Auditor Ticket ----- \$ _____ -NC-
 Misc. _____ \$ _____

TOTAL DUE ----- \$ _____
 Total Deposit Paid (By April 15th, 2014) – 50% Down Payment --- \$ _____ Check # _____ Date: _____
TOTAL BALANCE DUE (By May 15st, 2014) ----- \$ _____ Check # _____ Date: _____

A check is required to hold your reservation. Please mail this completed form, USHJA Liability Release, New Heights/Circle E Stables Release of Liability & Hold Harmless Agreement, Robert Gage Liability Release, Coggins, and Payment to:

New Heights
 c/o: Deb Nellis
 Robert Gage Clinic
 W 1421 County Road (Hwy.) Vv, Seymour, WI 54165

RIDER DOWN PAYMENT, REGISTRATION FORMS, COGGINS & ALL WAIVERS MUST BE RECEIVED NO LATER THAN April 15th, 2014 & FINAL PAYMENT IS DUE NO LATER THAN May 15th, 2014

Please bring original EIA (Coggins Test) & Health Certificate (if out of the state of Wisconsin) to the clinic.

***** RIDER FEES and STALL FEES are NON-REFUNDABLE, unless we are able to fill your space with another rider of the same level. *****

You will be notified of your specific scheduled riding time, no later than May 10th, 2014.

Hotel Options:

Please Make Hotel Reservations Prior To April 15th, 2014

Comfort Inn & Suites: 920-499-7449 Fairfield/Hampton Inn: 920-498-9200 AmericInn: 920-434-4620 Aloft: 920-884-0800 Tundra Lodge (w/Water Park): 920-405-8700 Country Inn & Suites: 920-336-6600

In case of emergency contact: _____ Relationship: _____ Telephone #: _____

For Questions or More Information: Please Call Deb at: 920-680-7399 or email to: nhhj@athenet.net

Please keep a copy of this registration form for your records.