

**AUDITOR REGISTRATION FORM
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**

***** RESERVATIONS ARE ACCEPTED ON A FIRST COME, FIRST SERVE BASIS*****

Discount if tickets are purchased before April 1st, 2014

In order to provide ample seating, food & beverages we would greatly appreciate if you would pre-register, however, walk-ins are welcome!

Auditor Name: _____ (please., only one auditor per form)

Day(s) you plan to audit Clinic: Saturday - Sunday - Both Days (Please Circle)

USHJA/USEF Membership # : _____ WHJA Member: Yes or No (Please Circle)

Address: _____

City & State: _____

Home Telephone #: _____ Mobile Telephone #: _____

Email Address: _____

I will/will not be attending the complimentary "Rider, Auditor, & Clinician Get-Together FIESTA" on Saturday evening following the clinic at 6:00pm

Nachos & Beverages Will be Served

Number of people that will attend: _____

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

Auditor Fees: 1 day (ticket purchased before April 1st, 2014

Please circle day you will attend the clinic to audit - Saturday or Sunday or Monday (\$45/day)..... \$ _____

2 days (Tickets purchased before April 1st, 2014

Please circle days you will attend the clinic to audit – Saturday or Sunday or Monday (\$80/2days)..... \$ _____

Ticket purchased after April 1st, 2014 or at the door – 1 day

Please circle day you will attend clinic to audit - Saturday or Sunday or Monday (\$55/day)..... \$ _____

Tickets purchased after April 1st, 2014 or at the door – 2 days

Please circle days you will attend clinic to audit - Saturday or Sunday or Monday (\$100/2-days)... \$ _____

*Embroidered - Robert Gage "Judge My Ride" Souvenir Saddle Pad - \$28 per saddle pad (\$28 per pad).... \$ _____

*Saddle Pads must be ordered no later than April 15th, 2014

*Your Name on the saddle pad - \$10 -- Name to be on saddle pad: _____ ..(\$10 per name).. \$ _____

TOTAL DUE \$ _____

Date Paid: _____ Check #: _____ Total Enclosed..... \$ _____

Concessions/Food & Beverages Will Be Available to Purchase During The Clinic On Saturday & Sunday

Payment & completed auditor form is required to hold your reservation.

Please mail this form, all liability waivers & make payment to: **New Heights - Robert Gage Clinic
c/o: Deb Nellis
W 1421 County Road Vv
Seymour, WI 54165**

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 920-833-2479

Auditor Fees Are Not Refundable

Please keep a copy of this registration form for your records