

**Will Faudree & Robert Costello Clinic Registration
December 3-4, 2011**

Rider: _____ Age: _____ Horse: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Highest Level Rider Has Competed: _____

Highest Level Horse Has Competed: _____

Please Circle Choice of Level: BN N T P I

Dressage Only Show Jumping Only

Include with Registration Form:

_____ \$375.00 Clinic Fee to Sterling Silver Stables

_____ \$25.00/night for those who wish to stable

_____ Complete registration form with signature

_____ Negative Coggins within 12 months

_____ USEA educational activity Medical Release

NO REFUNDS UNLESS SPOT IS FILLED

Send to Sterling Silver Stables, 11130 Harris Lane, Maurice, LA 70555
Phone:(337)893-3535. Email: jennifer@sterlingsilverstables.com

Cancellation Policy: I understand the clinic fee of \$375 is non-refundable. I am purchasing a time slot which is paid in advance. If I am unable to use this space I am responsible for finding another rider to fill it. A waiting list will be maintained for unforeseen circumstances but there is no guarantee.

Signature: _____ (Parent must sign is under 18)