



Liza Boyd & Jack Towell Hunter/Jumper Clinic Registration

Finally Farm

210 Firetower Road, Camden, SC 2902

November 24TH 2017

ONLY 1 Day clinic format will feature three 2-hour sessions (combination of flat work/jumping) based on demand in the following categories (no more than 10 riders per session):

- 8:30-10:30am 3'-3'6"
- 10:30-12:30am 2'6"-3'
- 1:00pm-3:00pm 2'6"-3'
- 3:00-5:00pm Short Stirrup- Pre-Children's

Cross-Rails – 2' Short/Long Stirrup/Future Hunter Riders

2'3" – 2'6" Those moving up from Short/Long Stirrup, CEC Hunter Riders, Local Children/Adult Hunter Riders

2'9" – 3'3" Local Jr AM Riders, Children/Adult Riders moving up to Low AM/Owner or Low Jr Riders We reserve the right to take A/O or Jr Hunter Riders in the final session. If there is significant interest at any height or level we may offer an additional session or split existing sessions. Session times will be communicated at or before the closing date. Release forms must be signed prior to mounting on the grounds of Finally Farm and are available at www.camdenhunt.com. Cost: \$175 per horse/rider combination per session per day. \$30 auditing fee per person per day. (Please provide your own seating.)

Stabling: Information available at www.camdenhunt.com. Contact: Melissa Rice (704) 740-6810 or e-mail thecamdenhunt@yahoo.com.

Closing Date: November 16, 2017. Please note that a copy of the completed registration form and payment (check made payable to The Camden Hunt) must be received by the Camden Hunt, PO Box 2285 ~ Camden, SC 29020 in order to confirm your participation. Sessions will be filled on a first-come, first-served basis. Health Information: All participating horses must have a current neg. coggins and UTD on all required immunizations. Dress Code: All riders must wear riding jodhpurs/breeches along with half chaps/paddock shoes or tall boots. IEA/USEF approved helmets must be worn while mounted.

Towell Clinic ~ The Camden Hunt Rider/Participant

Name: _____

Trainer Name: _____ Trainer Ph. Number: _____

Group Session: _____

Audit (one day) _____

Mailing Address _____ City _____ State &

Zip _____ Phone Number _____ E-mail

Address: _____ Total \$ Amount Included _____

Rider or Parent (if rider under 18 yrs)

Signature _____