

FenRidge Farm, LLC

Betsy Freedman – 31 July, 2010

2010 CROSS COUNTRY CLINIC ENTRY FORM

Cost (including all Grounds Fees) \$55

Fill out the Box Below and Sign:

Rider Name _____ Age (if under 18) _____

Address _____ City, State, Zip _____

Phone _____ E-Mail _____

Circle Clinic Level: Maiden BN NOVICE TRAINING PRELIM

Horse's Name _____ Age _____ Breed _____

Highest Level Competed:

Rider _____ Horse _____

I understand that I will be required to sign liability waivers for FenRidge Farm, LLC and use appropriate safety gear per USEA rules including vest and armband

Rider Signature (Parent if under 18) Date

Mail Form & Check to:

FenRidge Farm
700 Richmond Rd
Mebane, NC 27302

<mailto:fenridge@mindspring.com>