

**Daniel Stewart Clinic
Entry Form**

Mounted Clinics

Rider Name: _____
Address: _____
City/State/Zip Code _____
Phone Number _____

Horse Name: _____

Indicate your rating or if Horsemaster or Trainer for PC:

USPC Rating: _____
Horsemaster
Trainer

Indicate your first and second choice:

Seeing Distances:

Choice:

Saturday October 2nd

Morning

Afternoon

Lessons:

Sunday October 3rd

Private

Semi-Private

Morning

Afternoon

Please complete one form for each rider:

Member/Horsemaster or PC trainer Group/Semi Private \$95.00 Private \$150.00

Non-member Group/Semi Private \$125.00 Private \$175.00

Make check payable to **Kent Pony Club**

Send entry and payment to:

Karren Garrity
56 Elizabeth Street
Kent, CT 06757

**Daniel Stewart Clinic
Entry Form**

Un-mounted Clinics

Name: _____
Address: _____
City/State/Zip Code _____
Phone Number _____

Friday, October 1st

Balance and Bio-mechanics

7:30-9:30pm

USPC or Horsemaster Member

Number of tickets _____ @ \$12.00 Total _____

Non-member

Number of tickets _____ @ \$15.00 Total _____

Total _____

Saturday, October 2nd

Sports Psychology – book signing

6:00-9:30pm

USPC or Horsemaster Member

Number of tickets _____ @ \$12.00 Total _____

Non-member

Number of tickets _____ @ \$15.00 Total _____

Total _____

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