

Daniel Stewart Clinic
Saturday September 24
Entry Form
Mounted Clinics

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

Horse Name: _____
USPC Rating: _____

Indicate your first and second choice:

Position Analysis Clinic:	Choice:
30 minute ride w/ video analysis w/semi private follow up lesson \$160	_____
Blind Riding Clinic: 90 minute mounted clinic \$95p/rider, 4 riders per group	_____
Lessons: Private \$170.....	_____
Group \$115.....	_____

Please complete one form for each rider:

Call for Pony Club Discount

Make check payable to **Kent Pony Club**
Send entry and payment to:

Karren Garrity
56 Elizabeth Street
Kent, CT 06757
For more info or questions contact garrity@charter.net or 860.927.1464

No entry will be accepted without payment
Coggins for each mount must be attached

**Daniel Stewart Clinic
Entry Form**

Un-mounted Clinics

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

Friday, September 23, 2005

Balance and Bio-mechanics

7:30-9:30pm

USPC member

Number of tickets _____ @ \$15.00 Total _____

Non-member

Number of tickets _____ @ \$25.00 Total _____

Total _____

Make check payable to **Kent Pony Club**

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