



## General Clinic Rider Participation Form

Clinician \_\_\_\_\_

Days of Participation: Mon Tues Wed Thurs Fri Sat Sun

Time Preference (not guaranteed) \_\_\_\_\_

Rider Name \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Horse Name: \_\_\_\_\_

Breed: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: S M G

Training Level \_\_\_\_\_ Showing Level \_\_\_\_\_

What would you like to work on at this clinic?  
\_\_\_\_\_

Number of Lessons \_\_\_\_\_ @ \$ \_\_\_\_\_ = \_\_\_\_\_ Total

Number of Stalls \_\_\_\_\_ @ \$ \_\_\_\_\_ = \_\_\_\_\_ Total

Total Amount Enclosed \_\_\_\_\_

Please check [www.midsouthdressageacademy.org](http://www.midsouthdressageacademy.org) for updates, prices, and deadlines.

Make checks payable to: Mid-South Dressage Academy

Please mail (1) rider form, (2) check, (3) copy of coggins and (4) rider release to:

Mid-South Dressage Academy  
Attn: "Clinic Name"  
6303 Robertson Gin Road  
Hernando, MS 38632