

# Working Equitation Clinic:

September 26th - 28th, 2025

Start Time: 9 am

**A \$200 deposit is needed to be sent in advance to hold your spot.**

The remaining balance will be due September 19<sup>th</sup>.

Rider:	Horse:		
Address:		City:	
State:	Zip Code:		
Phone:	Email:		

## Fees

	Clinic Entry Fee: \$500	\$
	Haul in Fee: \$6	\$
	Stall: (1 bag Shavings): \$25/night *Additional Shavings: \$10	\$
	Camping: RV (Electric & Water): \$30/night Dry Camping: (no hookup) \$15	\$
	Deposit: \$200 ( <i><b>Paid in Advance</b></i> )	\$
	Total Due:	\$

*This clinic has been established for your education and enjoyment. The clinician has full discretion in the information being provided. In consideration of the acceptance of this entry, I hereby enter the clinic at my own risk and am subject to the rules and regulations of the grounds and facility. I hereby release the Clinic, its Management, the Clinician, and the Franklin County Saddle Club from any claim or loss to myself, horses, and/or equipment, nor will I make any claim against them.*

By signing below, I agree to the statement above.

Participant: \_\_\_\_\_ date: \_\_\_\_\_

Parent/Guardian Signature of a minor: \_\_\_\_\_

## Office Use Only

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Signatures

☐

Deposit Made

☐

Paid in full:

☐

Check

☐

Cash

☐

PayPal