

REGISTRATION FORM
DRESSAGE FOR EVERY HORSE, EVERY RIDER CLINIC with LINDA SORENSEN
APRIL 25TH AND 26TH, 2019

Rider Information:

Name:		Age:	
Address:			
City:	State:	Zip Code:	
Phone:	Email:		

Clinic Fees: (Applicants may ride both days)

_____ Lesson Thursday, April 25, 2019 @\$100 nonmember; \$90 WDAWI member

_____ Stall @\$37 day OR _____ Jump out @\$27 day

_____ Lesson Friday, April 26, 2019 @\$100 nonmember; \$90 WDAWI member

_____ Stall @\$37 day OR _____ Jump out @\$27 day

Note: Anyone who clinics with Linda for both days and stays for the show on Saturday will receive a stall credit of \$37 for the show. This is basically a buy 2 days stall and get the 3rd day for free.

_____ One Day Audit @\$30 nonmember; \$25 WDAWI member

_____ Two Day Audit @\$50 nonmember; \$45 WDAWI member

TOTAL FEES: _____

Make checks payable to WDAWI. Mail form and payment to: Kari Wegenke, E5346 750th Ave, Menomonie WI 54751.

Horse Information:

Horse Name:		Age:		Breed:			
I participate in	<input type="checkbox"/> Traditional Dressage		<input type="checkbox"/> Western Dressage				
Dressage Level <small>(Circle most applicable)</small>	Basic	Intro	Training	First	Second	Third	Fourth
Describe your horse & rider (History, Accomplishments, Strengths, Weaknesses. Etc...).							
Provide any information that will help our clinician provide the best possible personalized lesson.							

WISCONSIN EQUINE LIABILITY LAW

Wis. Stat. section 895.481(2), "a person, including an equine activity sponsor or an equine professional, is immune from civil liability for acts or omissions related to his or her participation in equine activities if a person participating in the equine activity is injured or killed as the result of an inherent risk of equine activities." By signing below, you agree that all information is correct, agree and understand the Equine Liability Act, and payment is enclosed.

_____ (Parent/Guardian if under 18)