

2011 MAY CLINIC SIGN UP SHEET

Return to the office by May 2nd

Pre-Registration is mandatory.

No "day of" entries will be permitted.

Name _____

Address _____

Telephone # _____ Email _____

County _____

Include copy of current Coggins & Rabies

I will be at the pot luck Sat. May 14 YES ___ NO ___ # of people _____

I will be at the pot luck Sat. May 21 YES ___ NO ___ # of people _____

Fees:

<u>Clinic</u>		<u>Stall Fee</u>
Delaware County youth	FREE	\$5.00 non refundable
Out of County youth	15.00 per weekend	\$10.00 non refundable

Make checks payable to CCE of Delaware County and mail to:
 4-H Horse Program, Cornell Cooperative Extension of Delaware,
 PO Box 184 Hamden, NY 13782

CAMPER FEE \$30 PER WEEKEND

**Campers are \$30 per weekend. Please write a SEPARATE CHECK payable to:
 "Delaware Valley Agricultural Society" and send in with your clinic fees.**

Please sign up for each discipline that you will ride in and mark which level you are in each.

See definitions of levels on schedule.

Saturday, May 14	Beginner/ Walk Trot* & Cloverbud	Intermediate	Advanced
Western			
Showmanship			
Trail			
Sunday May 15			
Driving			
Minis			
Dressage			
Saturday May 21			
Hunt Seat			
Sunday May 22			
Gymkhana			