



Linda Zang DRESSAGE CLINIC

REGISTRATION FORM

RIDER NAME _____ AUDITOR NAME _____

EMAIL _____ PHONE _____

ADDRESS _____

- INTERESTED IN **SATURDAY** **SUNDAY**
- | | |
|--|---|
| <input type="checkbox"/> 8:00am - 8:45am | <input type="checkbox"/> 12:30pm - 1:15pm |
| <input type="checkbox"/> 8:45am - 9:30am | <input type="checkbox"/> 1:15pm - 2:00pm |
| <input type="checkbox"/> 9:30am - 10:15am | <input type="checkbox"/> 2:00pm - 2:45pm |
| <input type="checkbox"/> 10:15am - 11:00am | <input type="checkbox"/> 2:45pm - 3:30pm |
| <input type="checkbox"/> 11:00am - 11:45am | <input type="checkbox"/> 3:30pm - 4:15pm |

\$200 per rider / \$35 per auditor (observer)

In the event of inclement weather, the clinic will be held in the indoor area.

REGISTRATION DUE BY 7/3.

Email us at info@baltcohorsecouncil.org with any questions.

Please complete and mail this Registration Form along with the completed Equestrian Waiver and a check made out to Baltimore County Horse Council to:

Baltimore County Horse Council
2700 Butler Road
Reisterstown, MD 21136