



# Tracy Magness JUMPER CLINIC

## REGISTRATION FORM

RIDER NAME \_\_\_\_\_ AUDITOR NAME \_\_\_\_\_

EMAIL \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

- INTERESTED IN
- 7:30am - 9:00am ..... **Beginner .75m**
  - 9:00am - 10:30am ..... **Low .80m**
  - 10:30am - 12:00pm ..... **Schooling .90m**
  - 12:00pm - 1:30pm ..... **Open 1.0m**

**\$100 per rider / \$30 per auditor (observer)**

### REGISTRATION DUE ASAP.

Email us at [info@baltcohorsecouncil.org](mailto:info@baltcohorsecouncil.org) with any questions.

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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**