

Scott Hofstetter Clinic Registration
May 9th & 10th, 2009

NAME: _____

2009 USEF/USHJA OR LMHJA#: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

PHONE#: _____ **FAX#:** _____

EMAIL: _____

REGISTRATION FEES:

USEF/USHJA OR LMHJA: \$ _____

NON-MEMBERS \$ _____

AUDIT - 1 DAY \$ _____

AUDIT - 2 DAY \$ _____

STALL \$ **50.00**

TOTAL AMOUNT DUE: \$ _____

½ DOWN DUE WITH REGISTRATION \$ _____ **Ck#** _____

The half down deposit is non-refundable for any reason. Do not ask for it back.

You may do a 2009 membership with either USEF/USHJA or LMHJA with this clinic registration or at the time of the clinic but ** Membership forms and Dues must accompany this registration or final payment in order to receive the discount. Dues must be paid with a separate check to either USEF/USHJA or LMHJA.

CLINIC SECTIONS
BEGINNER: 2'3" - 2'6"
INTERMEDIATE: 2'9 - 3"
ADVANCE: 3'3" - 3'6"

**** Scott Hofstetter reserves the right to decided if the rider has the ability to jump at any fence height level or not. So make sure when picking a level that it doesn't over face your ability nor your horses. Scott also had the right to change the fences heights per section.**

WHICH SECTION WILL YOU BE RIDING IN? _____

I HAVE READ AND UNDERSTAND THIS REGISTRATION AND AGREE TO ITS TERMS

Signature of Participant (or of Parent, if Participant is under the age of 18)

Date

Print name of Parent (if Participant is under the age of 18)