



APPLEWOOD FARM



Secretary: Holly Cornell
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APPLEWOOD FARM SPRING CROSS-COUNTRY TUNE-UP CLINIC - Entry Form Saturday & Sunday – May 4 & 5, 2024

Rider:		Address:	
Phone:		Email:	
Experience of Horse & Rider:			

* Save this blank fillable form to your computer with a new name, fill it out, save it again and email saved copy back.

DIVISIONS: Check the group you want to ride in:

Division	Fence Height	<input checked="" type="checkbox"/>	Division	Fence Height	<input checked="" type="checkbox"/>
Dressage/Cavaletti	---		Training	2'11" – 3'3"	
Starter	X-rails - 2'3"		Modified	3'3" – 3'5"	
Beginner Novice	2'3" – 2'7"		Preliminary	3'5" – 3'7"	
Novice	2'7" – 2'11"				

Date you wish to ride:	<input checked="" type="checkbox"/>
Saturday May 4	
Sunday May 5	

Close Date: Friday April 27

Check when you can ride: Morning	Afternoon	Either
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Each group will ride for one to two hours, depending on the size of the group, maximum 6 riders/group. **List special considerations:** (person you trailer with, time you must be finished, etc.):

ENTRY FEE: \$125 per horse, per division. Preference: Email the form to ApplewoodFarm@comcast.net and Venmo fee to @Marilyn-Payne-12, or mail the form with a check to arrive by close date: Applewood Farm, 30 Fox Hill Road, Califon, NJ 07830.

CLOSE DATE: Entries accepted after close date, plus a \$10 late fee.

TIMES: Will be posted on the website: www.marilynpayne.com by Tuesday before the clinic.

RELEASE: Please sign and date below:

I am aware of the risks and exposures to personal injury involved in equestrian activities, and I hereby release Applewood Farm, its owners, and all others assisting in any official capacity on their behalf, from any and all claims for damages which may accrue to me, my horse, or equipment by reason of any nature, thing or condition while on the premises of Applewood Farm.

Signature: _____ **Date:** _____

Parent or guardian must sign if rider is under 18.

Email questions to: Applewoodfarm@comcast.net or text Marilyn 908-334-0105 Thank You!