Secretary: Holly Cornell hollywc@comcast.net 732-208-8715



Rider

APPLEWOOD FARM SUMMER CROSS-COUNTRY CLINICS - Entry Form Sunday July 6, 2025 & Sunday August 24, 2025

Address:

Name:		Email:			
Phone:) :				
Experience of Horse & Rider:					
* Save this blank fillable f		er with a new	name, fill it out, sa	ve it again and email sav	ed copy back.
DIVISIONS: Check	the aroup you w	vant to ride	in·		
Division	Fence Height		Division	Fence Height	$\overline{\mathbf{V}}$
Dressage/Cavaletti			Novice	2'7" - 2'11"	
Starter	X-rails - 2'3"		Training	2'11" - 3'3"	
Beginner Novice	2'3" – 2'7"		Preliminary	3'3" - 3'7"	
	<u> </u>				
Date you are signing up for:			Close Date:		
Sunday July 6			June 30		
Sunday August 24			August 18		
Check when you can ride: Mornin		n	Afternoon	 Either	
Each group will ride f group. List special					
ENTRY FEE: \$125					
ApplewoodFarm@cocheck to arrive by clo					
oricon to arrive by ore	oc date to. Appi	owood i dii	11, 00 1 00 1 1111 11	oad, Gamon, 140 Ort	300.
CLOSE DATE: Entr TIMES: Will be post					
RELEASE: Please	sign and date be	elow:			
I am aware of the risl					
hereby release Apple					
their behalf, from any equipment by reason					
Signature:			Date:		
Parent or quardian	must sian if ride	er is under	18.		

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