

SWVADA Dressage Clinic
Priority given to SWVADA members who have completed volunteer hours 2021
August 28 and 29, 2021
(One horse per entry form please-copy as needed)
AUDITING IS FREE AND ENCOURAGED

Clinician: Jerry Schurink
Event Managers: Laura Nelson: galliard.laura7@gmail.com 2578 Childress Rd., Christiansburg, VA, 24073
Judy Altizer: springhollowfarm@me.com

Location: **Alphin-Stuart Livestock Arena, 500 Plantation Rd. Blacksburg, VA 24060**

Horse: _____ Owner: _____

Gender of Horse (please circle): Stallion Gelding Mare

Rider: _____ Phone: _____

Address: _____

Email: _____

SWVADA member? _____ Pony Club or 4H Member? _____ Jr/YR DOB: _____

Fees: This clinic is subsidized by SWVADA for members with a grant from the Virginia Dressage Assn.
Each individual rider must submit an entry form.

SWVADA/VADA members: Private Lesson: \$40.00 Semi Private: (2 riders) \$35.00
Non-members: Private Lesson: \$85.00 Semi Private: (2 riders) \$60.00

Make checks payable to SWVADA.

No refunds will be issued unless ride time can be filled. Entry must include a signed entry form, payment, and copy of current negative Coggins. All horses on grounds must show proof of negative Coggins or entry will be denied.

Mail entries to event manager Laura Nelson

Clinic Fee (please check one):

_____ **SWVADA/VADA Members Private (\$40)**
_____ **SWVADA/VADA Members Semi private (\$35)**

_____ **Non-Members Private (\$85)**
_____ **Non-Members Semi private (\$60)**

SWVADA membership: Individual dues \$50, Junior/YR dues \$30, Family \$33 for each additional family member

Late Fee (\$10.00 if entry is received after closing date) \$ _____

Total Enclosed \$ _____

Please specify the level at which you would like to work as well as any training problems or concerns you would like to address. List any partners that you would like a semi private lesson with for scheduling purposes.

I agree that I participate voluntarily in this clinic fully aware that horse sports and this clinic involve inherent dangerous risk. By participating, I expressly assume any and all risk of injury or loss suffered during or in connection with the competition. I further understand that neither the organizers, property owners, sponsors, volunteers, employees, nor the organization/clinician accept any responsibility for accidents, damage, injury, death, or illness to horses, owners, riders, employees, spectators, or any other persons in connection with this competition.

Rider's Signature: _____

*Parent/guardian must sign if rider is under 18 years of age

Unvaccinated riders/auditors should practice social distancing and follow public health guidelines