



ERIC DIERKS CLINIC

JULY 24 - 25, 2010 ~ SAT - SUN

Opening Date: March 1

Closing Date: July 20

Eric is known for his enthusiasm for teaching and training horses and riders. As an ICP Level 3 instructor and Advanced Level competitor he has a tremendous amount of knowledge and experience to share. For more information on Eric go to www.ericdierks.com Participants will emerge from this clinic with improved skills and renewed confidence.

Riders and horses will be grouped together by level. The first day will be show jumping. The second day will be devoted to cross-country schooling, using existing cross-country fences and taking stadium jumps out to create interesting and challenging combinations.

There is a \$10 discount to members of Area 8 Young Rider and Adult Rider Programs as well as all members of Pony Club. Auditing is free to these groups, but we request you bring something to share for lunch

????? Call 330-222-2089, E-mail jackie@stonegatefarm.org or www.stonegatefarm.org

Groups will be limited to FOUR or FIVE

REGISTRATION FORM ~ Eric Dierks Clinic

Name: _____ Horse: _____

Address: _____ Phone: _____

City: _____ State: ____ Zip: _____ e-Mail _____

Highest level rider has competed: _____ Highest level horse has competed: _____

Rider: \$185 (**\$50 deposit due with registration, balance by (July 20)**) \$ _____ (deposit)

\$175 (Area 8 AR & YR or Pony Club) \$ _____

\$ _____ (full payment)

Stabling: \$25/night Fri. _____ Sat. _____ \$ _____

Auditor: \$10/day Fri. _____ Sat. _____ \$ _____

Lunch is included with all fees **Total Enclosed** \$ _____

Balance Due \$ _____

Mail Entries & Checks (payable to Stone Gate LLC) to:

**Jackie Smith
31407 Schneider Rd.
Hanoverton, OH 44423**

Release: I understand that this is a high-risk sport **and** am participating **at** my own risk. I hereby assume the risk and further do hereby release and hold harmless the Organizer, Organizing Committee, employees, volunteers, and the hosts of the event, Dave and Jackie Smith, from all liability for negligence resulting in accidents, damage, injury, or illness to myself, my property, including the horse or horses which I will ride in this clinic.

Signature: _____ (Parent / Guardian if under 18)