



# LUCINDA GREEN CLINIC

**JUNE 10 – 11, 2010 ~ THURS/FRI**

**Opening Date: Jan. 1**

**Closing Date: June 1**

Lucinda Green is one of the best event riders in the world. Known as an excellent instructor, you 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 using stadium jumps to practice cross-country questions, such as: corner, angled fences, skinnys, unusual distances and lines etc.

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.

????? Call 330-222-2089, E-mail [jackie@stonegatefarm.org](mailto:jackie@stonegatefarm.org) or [www.stonegatefarm.org](http://www.stonegatefarm.org)

**Groups will be limited to FIVE**

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## REGISTRATION FORM

Name: \_\_\_\_\_ Horse: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_ e-Mail \_\_\_\_\_  
Highest level rider has competed: \_\_\_\_\_ Highest level horse has competed: \_\_\_\_\_  
Rider: \$350 (\$100 deposit due with registration, balance by **(June 1)** \$ \_\_\_\_\_ (deposit)  
\$ \_\_\_\_\_ (full payment)  
Stabling: \$25/night Thurs. \_\_\_\_ Fri. \_\_\_\_ \$ \_\_\_\_\_  
Auditor: \$15/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)