



ERIC DIERKS CLINIC

MARCH 17 – 18, 2012 ~ SAT - SUN

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.

Auditing is free to members of Area 8 Young Rider and Adult Rider Programs, NEOMTA Members and all members of Pony Club however we request you bring something to share for lunch. Registration fee is \$220 for the weekend. Stabling is available at \$25/night.

????? 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: \$220 (**\$50 deposit due with registration, balance by March 1**) \$ _____ (deposit)
 \$ _____ (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)