

# 2018 MI 4-H/MQHA Clinic Weekend

## Rider Registration Form

Name of Rider \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Cell phone number \_\_\_\_\_

Email \_\_\_\_\_

I would like to ride in the following sessions:

\_\_\_\_\_ 10:00am – 11:30am: Beginning Western Dressage

\_\_\_\_\_ 12:00pm - 1:30pm: Showmanship

\_\_\_\_\_ 2:00pm – 3:30pm: Beginning Over Fences

\_\_\_\_\_ 4:00pm – 5:30pm: *Ranch Riding*

Estimated arrival date and time: \_\_\_\_\_

(May arrive as early as Friday, February 2<sup>nd</sup> 2pm)

\_\_\_\_\_ # of auditor tickets pre-purchased (must include payment)

Please return this form along with your check for \$50.00 (non-refundable) per session. You may sign up for a MAXIMUM of 2 sessions. This price includes your stall and two auditor tickets. You may include an additional \$8/ticket if more auditor tickets are desired. Check made payable to **Michigan State University** should be mailed, with this completed form to:

**Taylor Fabus**  
**Extension Educator**  
**474 South Shaw Lane, 1287 J Anthony Hall**  
**East Lansing, MI 48824**

-----Reservations are taken on a first come, first served basis with a maximum of 10 riders per session. No reservations will be held without payment-----

# ***Waiver Form***

MI 4-H/MQHA Clinic Weekend

Saturday, February 3<sup>rd</sup>, 2018

Name \_\_\_\_\_

## Requirements:

I, \_\_\_\_\_, agree to present my **ORIGINAL** negative Coggins Test for the horse I will be riding at the clinic, taken within the past 12 months (no earlier than February 3<sup>rd</sup>, 2017). My horse will be vaccinated prior to the event. I will not hold the clinicians, the Michigan Quarter Horse Association, Michigan State University or the Michigan 4-H Horse Program responsible for loss or accidents at any time while at the MSU Pavilion. I understand there are no refunds available should I no longer be able to attend the clinic. My clinic fee includes one horse stall.

Rider's Signature \_\_\_\_\_

Parent/Guardian Signature (if rider is under the age of 18) \_\_\_\_\_

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