

KATRINA SANDERS WORKING EQUITATION CLINIC REGISTRATION FORM

Thank you for your interest in the June 4-5th, 2022, Katrina Sanders Working Equitation Clinic!

Clinic reservations are first come first served, there are no refunds unless your space can be filled.

Final Ride Times will be posted on the **Vineyard Oak Dressage Website** under the **Working Equitation Program Page** 3-5 days before the clinic. Rides are priced per day, per session. You are welcome to ride more than one day!

No lunch will be available on grounds. Please bring your own or lunch food and a Starbucks coffee can be found very close by in the town of Rancho Murieta.

Silent auditing is \$15. Please pre-pay your auditing fee with this form, check in upon arrival, and bring your own seating. Silent auditors are allowed to stand and watch in the arena during the riding portions of the clinic. Saturday lecture is included. No dogs please.

Stabling and Arenas

Stabling is full (to pre-reserved out of town clients) and no stabling is available for this clinic

Full sized WE course with excellent footing, fenced warm up covered arena, and there is a covered round pen for lunging horses. Please arrive early and be ready to ride with your assigned group.

***Clinic Location: Vineyard Oak Dressage Training
14101 Indio Drive, Sloughouse, CA. 95632**

***Do not send payment to this address**

NOTE DIRECTIONS: Please pass the mailbox residence address and look for the Vineyard Oak Dressage sign and take that driveway. Parking is tight, please park carefully.

www.vineyardoakdressage@yahoo.com

Questions? Please call Stacy Sutton: (530) 313-0092

Katrina Sanders Working Equitation Clinic Registration Form

Name of Rider: _____ Age if under 21: _____
Contact phone number: _____ Email: _____
Name of horse: _____ Breed: _____ Age: _____

Riding Experience: Novice ___ Intermediate ___ Advanced ___

Please give us a brief explanation of your riding experience and about your horse: _____

Clinic Fee Private Session (Please call first to see if space is available)	(\$150.) _____
Clinic Fee Semi-Private Session	(\$125.) _____
Clinic Fee Group Session	(\$100.) _____
Auditing Fee Only. Please check day (s) you will attend: Saturday _____ Sunday _____	(\$15.per day) _____

Day(s) you wish to ride: _____ Total enclosed: \$ _____

The undersigned exhibitor, signing parent, or guardian hereby agrees to release Katrina Sanders, Stacy Sutton, Ross Ranch, facility management, staff, volunteers or any person involved with this clinic from any loss, damage, liability, or injury arising out of or resulting from this show series. I understand that horses can be dangerous and unpredictable and accidents involved with horses can cause permanent injury or death.

Rider's Signature: _____ Date: _____
Parent or Guardian's Signature: _____ Date: _____

Please make checks payable to: Stacy Sutton

***Send Payment to:** 6719 Camino Del Sol Circle, Rancho Murieta, CA. 95683