

HARAS HACIENDA
WESTERN DRESSAGE CLINIC
Randy Byers, Clinician

Registration Form for Owner and Trainer

Name of Owner _____

Address _____ City _____ State _____ Zip _____

Phone _____ Email _____

Horses Name _____

I give trainer/rider named below permission to participate in the Western Dressage Clinic with Randy Byers, hosted by Haras Hacienda, with my horse named above.

Name of Trainer _____

Address _____ City _____ State _____ Zip _____

Phone _____ Email _____

Check List:

- The negative Coggins
- The Release of Liability
- Clinic Fee \$85.00 per horse and rider
- Auditors Fee \$5.00 per person attending, not riding
- Stall Fee \$65.00 includes 2 bags of shavings

Lunch & beverages will be provided

Date of clinic:

February 4, 2018

Location of Clinic:

Haras Hacienda
26427 Peden Road
Magnolia, TX 77355

Email:

showmanager@harasdc.us

HARAS HACIENDA
WESTERN DRESSAGE CLINIC
Randy Byers, Clinician

Name of Rider _____

Address _____ City _____ State _____ Zip _____

Phone _____ Email _____

Are you?? Beginning your journey Adding to your experience A professional

I will be riding my own horse

Check List:

The negative Coggins

The Release of Liability

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This clinic is open to all levels and for those needing to discover their level. Haras Hacienda has 3 Western Dressage shows scheduled for 2018 including Haras Cup. Don't miss your chance to learn what the fastest growing discipline is all about at the fabulous Haras Hacienda. If you have any questions about this clinic or Western Dressage please feel free to contact SpringMendiola at 281.798.7055. 12 Riders Maximum

Please use the space below to share anything you would like Randy to know or what you would like to work on in order that he may be properly prepared to maximize your experience.

Please remit forms to Rob Moyar at showmanager@harasdc.us

*****Horses must present proof of negative coggins and current Flu/Rhino vaccination per USEF *****

!!!! All Registrants must sign Liability Release in order to Attend !!!!!



GUEST NAME _____ DATE: _____

PHONE NUMBER _____ EMAIL _____

ADDRESS _____

SERVICE PROVIDED _____

METHOD OF PAYMENT:

CHECK PAYABLE TO HDC TRAINING, LLC
MAILING ADDRESS: 26427 PEDEN ROAD MAGNOLIA, TX 77355

CREDIT CARD INFORMATION:

MASTERCARD DISCOVER
 AMERICAN EXPRESS VISA
 OTHER: _____

CARD NUMBER _____

CODE (THREE DIGIT ON THE BACK OF THE CARD, FOUR DIGIT IN FRONT FOR AMEX) _____

EXP DATE _____ BILLING ADDRESS _____

I, _____ hereby authorize

HARAS DOS CAVALEIROS LLC to process the amount of: \$ _____

SIGNATURE OF CARD HOLDER

INVOICE INFORMATION

NAME _____

ADDRESS _____