



Eastern States Dressage and Combined Training Association

Rider Application

Anne Gribbons Clinic

at

Hawk Hollow Ranch

100 River Road West

Bedminster, NJ 07921

August 4, 2014

Application Deadline July 1

Do Not Send Money with This Application

RIDER INFORMATION (please print)

Rider Name _____

ESDCTA # _____

Address _____

City/State/Zip _____

Phone _____

E-mail _____

____ *I am a current ESDCTA member*

____ *Please check here if any of your contact information has recently changed so that we may update our records.*

I am a: (please check one)

____ *Jr/Yr*

____ *Adult Amateur*

____ *Professional*

HORSE INFORMATION

Horse's Name _____

Breed _____ Age _____ Height _____

Color _____ Sex (Mare, Gelding, Stallion) _____

Sire _____

Dam _____

Owner's Name _____

At what level are you currently working with this horse?

Schooling _____ Competing _____

What are your short and long term goals for this horse?

REQUIRED: Applications **MUST** be accompanied by a short video/DVD (preferably only 5-8 minutes) or a link to an online video of you. and the horse listed on the application. *(Please no VHS tapes. Only DVDs or on-line videos will be able to be viewed). Videos will be forwarded to Anne so she can have pre-knowledge of you and your horse.*

DVD will not be returned.

____ DVD /link enclosed ____ DVD to follow under separate cover ____ Video Link will be e-mailed to: vicepresident@esdcta.org

Riders will be notified by July 8 of their acceptance as a rider or an alternate. Payment and an ESDCTA entry form with a current (within the year) coggin's will be required by July 15 for riders.

WAIVER OF LIABILITY AND ACKNOWLEDGMENT OF FINANCIAL RESPONSIBILITY

An ESDCTA entry form is due upon acceptance. An additional waiver of liability may be required by the facility. I agree to abide by all ESDCTA rules and fulfill all financial commitments related to this clinic.

Regardless of any agreements between the rider and the horse's owner, the rider, as the clinic participant, is ultimately responsible for paying the \$200 (member)/\$300 (non-member) clinic fee to ESDCTA and for paying the stabling and any related fees to the facility hosting the clinic . In entering this event, ESDCTA has the right to use any photos or videos for promotional reasons.

Rider's Signature Date

If under 18, parent or guardian must sign

Parent/Guardian Signature Date

Helmets are Required for all riders

Please mail this Application to:

Heidi Lemack
12 Hill Rd.
Allentown, NJ 08501

Or E-mail to: Vicepresident@esdcta.org

Or fax to: (609) 758-4738