## **Boots Wright Clinic at Cypress Keep (November 11, 2017)** ENTRY/REGISTRATION FORM (entries close November 1 by postmark)

Name:  * Liability release form required for each additional participant Address:		
e-mail: Phone Number:		
Name of Equine: Age: Breed:	Gend	er:
Equine: 🗌 VSE 🔲 Small Pony 🔲 Pony 🔲 Horse	☐ Pair/Tandem/Fou	ırs
I am competing at the Grand Oaks CDE in December:	□ No	
I am competing in the Preliminary North American Championship:	☐ Yes ☐ No	
Coggins Accession Number: Coggins Delease mail a copy of your current Coggins papers with this entry (preference)	Date: erred), or bring your c	opy to the event.
WARNING: Under Florida law, an equine activity sponsor or equine professio of, a participant in equine activities resulting from the inherent risks of equine owners and operators of Cypress Keep, Black Dog Farm, and Greenridge Fardamage, injuries, or deaths. Lagree to abide by all farm rules, and also acknown	activities. I understand rm will not be responsib	and agree that the ole for any property
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Special Scheduling notes (sharing a carriage, navigator, horse, need a particular timeslot early/late for afternoon practicals)? Let us know here so we can try to accommodate you in the schedule:

Indicate your fees, and write a check for the total amount to CYPRESS KEEP or request credit card bill from Paypal (ask at ematulich@ut.edu). Credit cards include a \$3 processing fee. Include a copy of your Coggins papers with your entry email to <a href="mailto:cypresskeep@gmail.com">cypresskeep@gmail.com</a>.