

NICK VERLIES CLINIC ENTRY FORM – YHS FINALS 2016 – TIEC

NAME:

EMAIL:

PHONE:

HORSE NAME:

(do not write – for office use only – Thank you)

HORSE AGE:

TIME:

Preferred Jump Height:

Please fill out this form and return to address below. You will be notified of you riding time via email.

Preferred time (upon availability - Circle one):

Thursday: 9:30am – 11:30am - 2:00pm – 4:00pm

Friday: 9:30am – 11:30am – 2:00pm – 4:00pm

Clinic Fee: \$150/horse (stabling not included)

All major CC accepted (3% tax applies)

Make checks payable to **Young Horse Show** and mail to:

Young Horse Show
2901 Richmond Road
Lexington, KY 40515

The Young Horse Series invites all clinician to their exhibitor's party that will take place at the Legend Club on Thursday 7pm. Thank you!