



**CLINIC ENTRY FORM – WEDNESDAY, THURSDAY and FRIDAY, NOVEMBER 6<sup>th</sup>, 7<sup>th</sup> and 8<sup>th</sup>.**

**Times PM – tba – 1 Entry per horse**

**Rider/Trainer/Owner Name:**

**Horse Name:**

**Age:**

**Experience:**

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**Clinic Fee: \$80/session Days: WED – THU – FRI (circle desired day(s))**

**Stabling: \$50/day (or though YHS entry form – please specify)**

**LOCATION: TIEC**

**Please include a check made out to YHS and mail entry form to:**

**2901 Richmond Road – Suite 140-355 – Lexington, KY 40509**

