

REGISTRATION FOR PARTICIPANT & HORSE

Participant Name: _____

Address: _____

City: _____

Phone (cell): _____ E-Mail: _____

State: _____ Zip: _____

Level of Competition: (For Sunday Show ~ MUST pick one below)

INTRODUCTORY (includes Dressage and Ease of Handling)

NOVICE A and Above (includes Dressage, Ease of Handling and Speed Round)

Complete level below:

_____ : Indicate Level

Horse Name: _____

Circle One: MARE or GELDING

Age: _____

ALL horses must have a current coggins for 2019 (make copy for CEES office), and a health certificate if rider & horse are coming from outside of Wisconsin.

"I did not participate in this clinic, but I have previously participated in a working equitation clinic/show and/or am familiar with the WE United/Confederation Show Rules."

I have included:

Registration _____

Check payable to Circle E Stables _____

Copy of Coggins _____

Signed Emily Kemp Waiver _____

Signed Circle E Stables Waiver _____