

CHA STANDARD CLINIC REGISTRATION FORM

Please return this form to: Jan and Raul Martin,
Loftmar Stables
17620 Central Ave.
Bowie, MD 20716 Telephone (301) 249 7893 Date: _____

Please include a deposit of: \$300
\$390 if lodging is required for 3 nights (Fri., Sat., Sun.)
\$420 if lodging is required for 4 nights (Thurs.-Sun.)

The balance is due on April 1st.

Name: _____ Birthdate: _____ Sex: _____

Address: _____ City: _____

Area Code: _____ Phone: _____ State: _____ Zip Code: _____

Complete the following if you are being sent to this clinic by a camp, stable or organization

Sponsoring organization: _____

Address: _____ City: _____ State: _____

Contact person: _____ Phone: _____ Zip: _____

Who is financially responsible for the clinic fees? _____
(Participant must sign a permission slip if we are to send a copy of your evaluation to any organization)

Who should we contact in case of an emergency? _____

Area Code: _____ Phone: _____

In case the above person cannot be reached, please sign if you authorize the above clinic to arrange for emergency medical treatment. (Parent/guardian must sign if applicant is under 21 years of age):

Signed: _____ Date: _____

Do you have any medical/physical problems which might be affected by riding, camping or which we should be aware of? _____

I will be arriving by: Car _____ Bus _____ Plane _____ Other: _____
I plan or riding: English _____ Western _____

Briefly describe the type of riding that you do and your riding experience, including horse care and management experience:

Please describe your experience in teaching riding and/or other forms of teaching or work with young people (teaching school, swimming, camp counselor, work with youth groups, etc.)

If you plan to teach riding this year, please describe the type and size program you plan to work with and what your duties will be.

What do you hope to accomplish by attending this clinic? Do you have any special problems or interests that you would like to see covered in this clinic?

Please use other side for additional space

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