



The Horse Park at Woodside

Jimmy Wofford Eventing Clinic 2010

Dates: Saturday, June 5th and Sunday, June 6th

Entries Open: Now

Refund Deadline Date: May 20

Levels Available: Training through Advanced

Prerequisites for each level:

To ride at the level, horse and rider must have completed and placed in a recognized event at that level. If you do not qualify by that criteria but still want to ride, please contact the organizer (and/or note details on your entry form) so we can form compatible groups at other levels if necessary.

Group Size: 8 or fewer riders per group

Ride Times: 2 hours per day for 2 days

(exact times and groups to be posted at www.horsepark.org a few days before the clinic, and also each attendee will be contacted via e-mail)

Cost: \$395.00 (does not include stabling)

Auditors are welcome for a charge of \$25/day or \$40 for both days

Format:

There will be "chalk talk" approx. 45 min. for all levels before the start of each day. Saturday will be stadium jumping on good footing in one of The Horse Park's large jumping arenas. Sunday will be cross country on all The Horse Park's courses. Jimmy will have access to the water complexes, ditches, banks, etc. to use as he deems appropriate at each level.

Contact:

Phone: (650) 851-2140

Fax: (650) 851-5015

jacqueline@horsepark.org

The Horse Park at Woodside

PO Box 620010

Woodside, CA 94062

Sign Up Now!

Clinics are filled on a first-come, first-serve basis. Clinic spots are not guaranteed without your payment in full at the time applications are submitted. Should you not be able to attend the clinic after payment has already been received, you may sell your spot to another party. A refund is available if written notice is received by THPAW before deadline date. The Horse Park reserves the right to place riders in groups that are more compatible for them. Clinic participants must be current members of THPAW and have a signed liability release on file with the office.



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◆ Clinic Application ◆
Jimmy Wofford June 5-6, 2010

Rider Information:

Name: _____

Address: _____

Telephone: _____ Email: _____

Highest level you have competed: _____ Level requested for clinic: _____

Emergency Contact: _____ Relationship: _____

Horse's Information:

Horse's Name: _____ Highest Level competed: _____

Horse's Age: _____ Breed: _____ Sex: _____ Color: _____

Stabling Services: Overnight stabling is \$25.00 / Feed and shavings are available for an additional fee.

Number of stalls requested _____ Shavings: \$8.00/bale ~ Bales requested _____

Please stable my horse close to _____

**Other comments or requests _____

Payment Information: (Checks, Visa, MasterCard, Amex)

Credit Card # _____ Exp Date: _____

Name on Card _____

Signature _____

Total Amount: