

So Cal Eventing Presents



Tauni Beckmann, *USEA ICP Certified & USPC Graduate* Blank Clinic Entry Form

Clinic Date: _____ Clinic Facility: _____

Clinic Cost: _____ Type of payment: _____

Circle Type of Clinic:

Stadium / Cross-Country / Dressage / Other _____

Rider Name: _____ Age: _____

Address: _____ Phone: _____

City, State, Zip: _____ Email: _____

Horse Name: _____ Age: _____ Breed: _____

Circle Level for Clinic:

Intro / Elementary (2'0") / Beg Nov (2'6") / Novice (3'0") / Training (3'3")+

Highest Level Completed: Rider: _____ Horse: _____

I understand that I will be required to sign Releases for both Tauni Beckmann & the facility that I am schooling as well as I am required to use appropriate safety gear such as an approved helmet, safety vest and medical armband in order to participate. I also agree to be respectful & abide by all the rules of the facility I am schooling.

Rider's Signature (parent's signature too if under 18): _____ Date: _____

Ride Times will be E-mailed
Mail Entries with full fees payable to: Tauni Beckmann
(to be received no later than one week prior to clinic, permitting space is available)
Tauni Beckmann
19221 Okeechobee Lane
Lake Elsinore, CA 92530

(760) 505-2468 or info@socaleventing.com

Group Sizes are Limited—Please Enter Early!
(One Jump Judge Certificate accepted per lesson according to facility)