

**JIM KOFORD CLINIC
RIDER/AUDITOR APPLICATION
Old Raptor Farm
August 3-4, 2023**

Name: _____

Address: _____

Telephone: (_____) _____ Email: _____

VADA-Ch member # _____ non-VADA-Ch _____

____ Professional ____ Amateur ____ Jr/YR Age (Jr/YR) _____

Horse's Name: _____ Level: _____

Breed: _____ Gender: _____ Age: _____

Application deadline is July 30, 2023.

FEES:

Rides: \$165/ride for VADA-Ch members, \$185/ride for non-VADA-Ch members

Auditing: No charge for VADA-Ch members, \$5/day for non-VADA-Ch members

Stabling: \$25/day

Lunch: \$13/day

Ride: Thursday ____ Friday ____

Audit: Thursday ____ Friday ____

Stable: Thursday ____ Friday ____

Lunch: Thursday ____ Friday ____

TOTAL AMOUNT ENCLOSED: \$ _____

Send all required documents: Rider/Auditor Application, Rider or Auditor Waiver, negative Coggins, Vaccine proof, and check made payable to **VADA-Ch** to:

Sherri Booye
721 Lake Road
Troy, VA 22974

Questions to Renée O'Leary OldRaptorFarm@gmail.com (540) 440-8325