

Douglas County Trail Riders 2021 Clinic Registration



DCTR ARENA 816 North 1750 Road Lawrence KS 66049

___ August 7, 2021 **Matt Lange Horsemanship 9:00-3:00** Space is limited to 15 participants

Participant and Auditor Check In 8-8:30

___ October 9, 2021 **Shane Irvin Horsemanship/Obstacles 10:00-4:00** Space is limited to 12 participants

Participant and Auditor Check In 9-9:30

Check one: ___ DCTR Member \$100.00/clinic Total Due: \$ _____ (4H & FFA register at member price)
___ Non-Member \$110.00/clinic Total Due: \$ _____
___ Auditor \$20.00/clinic Total Due: \$ _____

PLEASE PRINT Name of Horse: _____ Horse age/experience: _____

Name of Rider: First, Last: _____

Street Address: _____

City, State and Zip Code _____

Home Phone: _____ Cell Phone: _____

Email: _____

Experience of Rider/Level: Beginner/Intermediate/Advanced (circle one)

Emergency Contact: Name: _____ Relationship: _____

Phone number: _____ Cell Phone: _____

Conduct must be above reproach in sportsmanship, showing, or the recreational use of horses.

Pursuant to The Equine/Livestock Liability Act (KSA Ch.290) I understand there are inherent risks within equine related activities and accept the responsibility of myself, my children or those for which I am legal guardian, in engaging in domestic animal activities.

DOUGLAS COUNTY TRAIL RIDERS, Inc. AND ITS MEMBERS, AGENTS, VOLUNTEERS, OFFICERS AND BOARD MEMBERS ARE NOT RESPONSIBLE FOR ACCIDENTS OR INJURIES OR LOSS TO HORSES, RIDERS, EQUIPMENT OR SPECTATORS.

Signature(s): _____ Date: _____

_____ Date: _____

Please confirm your spot: Joyce Martin-fourjmartin@hotmail.com 813-505-0577/Lyric Bartz bartz.lyric@gmail.com 785-766-3520

Mail registration form and payment to: DCTR PO Box 3222 Lawrence KS 66046

Registration is not confirmed
until payment is received.

DCTR OFFICE USE: Date _____ Check # _____ Cash \$ _____ Received by Initials: _____