

VADA-CH Clinic with Lisa El-Ramey
Auditor Waiver Application
9 July 2023

Name: _____ VADA-CH Membership #: _____

Address: _____

Age (Jr/YR) _____

Telephone (day) _____

Email
Address: _____

Auditor Cost: Free for VADA-CH chapter members or any VADA Chapter's Junior Young Riders.

\$10 per day non-VADA-CH chapter member

Please send this application and auditor liability waiver form (available on VADA-CH.org) and check (payable to VADA-CH) to:

Mail all documents to:
Karen Rice
5027 Windrows Farm Lane
Barboursville, VA 22923

Lunch is available for additional \$13.00 paid in advance with this application.