



Central New York Dressage & Combined Training Association Dressage Symposium with Vincent Flores

October 10, 2020

at Canterbury Stables, 4786 Roberts Road, Cazenovia, NY 13035

Opening Date: May 1, 2020

Closing Date: July 31, 2020

Rider Application- Please fill out this form completely and to the best of your ability. Riding spots are limited, please send your application early! A waiting list will be established if a significant number of applications are received. A second day of the clinic may be added for Sunday depending on number of applications received. If there are not enough riding spots available, your payment can be applied toward the auditing fee. Please make checks payable to CNYD&CTA.

Application and payment must be received by JULY 31, 2020.

Please send applications to Secretary, Candace Yackel, information below.

Secretary: Candace Yackel
411 Jewell Drive
Liverpool, NY 13088
secretary@cnydcta.org
(315) 436-1306

Rider Name: _____ Rider DOB (Jr/YR Only): _____

Address: _____

Phone: _____ Email: _____ CNYD&CTA Member? Yes No

Please complete the following:

Rider Experience

	Dressage	Eventing	Hunter/Jumper	Other
Yes or No				
If Yes, level schooling/competing?				

Horse's Name: _____ Horse's Age: _____

Breed: _____ Date of Negative Coggins: _____ (Also include a copy of Negative Coggins)

Horse Experience

	Dressage	Eventing	Hunter/Jumper	Other
Yes or No				
If Yes, level schooling/competing?				



Central New York Dressage & Combined Training Association Dressage Symposium with Vincent Flores

What are your goals for this clinic? What would you like to accomplish?

Prices

There are 10 rider spots available. Please send your application early. Lunch is included in the cost of the clinic.

CNYD&CTA Members: \$130/ride

Non- Members: \$150/ride

Refunds will only be given with a vet or doctors note, as long as the rider's spot can be filled by another rider.

Total Amount Enclosed: \$ _____ (Please make checks payable to CNYD&CTA)

RELEASE- Must be completed by all riders.

I understand the horseback riding, in particular jumping, is a high-risk sport and I am participating in this clinic at my own risk. I hereby assume this risk, and further do hereby release and hold harmless CNYD&CTA, the organizer, the organizing committee, judges, officials, all volunteers, the host, and property owners from all liability for negligence resulting in accidents, damage, injury, loss, or illness to myself and to my property, including the horse I will ride in this clinic. I understand and ASTM/SEI approved helmet must be worn at all times while the horse is being ridden.

Rider's Signature: _____ Date: _____

Parent/Guardian Signature if rider is under 18: _____

Emergency Contact: _____ Phone: _____