

# **CLINIC ENTRY FORM**

**Saturday – Stadium Sunday – Cross Country**

**2 hour sessions, 4riders per group**

**\$300.00 includes both days**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Level:** \_\_\_\_\_

**Amount Enclosed:** \_\_\_\_\_

**Make checks payable to CS&W Farms**

**Mail to: 1109 Cty Rt 8 Germantown, NY 12526**

**Any questions email at [cswfarms@valstar.net](mailto:cswfarms@valstar.net) or call 914-466-9162. I am now on facebook= Claudia Winter.**

**Forms available at [cswfarms.net](http://cswfarms.net)**

***Limited number of dry stalls available.***

***\$25.00 a Day - Dry stall=bring bedding, feed, buckets...***