



Clinic Registration Form
May 29th, 30th, 31st, 2010

Please mail registration form, signed release (can be downloaded at www.fitchscorner.com), and check payable to Fitch's Corner, Ltd.:

Fitch's Corner
Attn: Sunny Cross
632 North Mabbettsville Road
Millbrook, NY 12545

Rider: _____

Address: _____

Phone number: _____ Email: _____

Boyd Saturday: _____ Boyd Sunday/Monday: _____ Level: _____

Silva Saturday: _____ Level: _____

Highest level horse has competed: _____

Highest level rider has competed: _____

When applications have been accepted, and pairs/groups have been arranged, you will be notified of your assigned time(s).

Questions? secretarysunny@optonline.net