

Britt McCormick Clinic Sign Up Sheet

February 23rd & 24th , 2019 – OKC State Fairgrounds

Horse Owner Name: _____

Horse Owner Address: _____

Rider Name: _____

Rider Address: _____

Rider email: _____

Trainer Name: _____

Horse Name: _____

Emergency Contact Information:

Name: _____

Relationship to Rider: _____

Phone Number: _____

Division to participate in: (Please Check the One that applies to the horse listed above)

___ 2'3"

___ 2'6"

___ 2'9"

___ 3' and over

___ Jumper/Eq 3'6"

Please mail payments with a copy of this sheet to Cathi Carroll at: 24530 N May Ave, Edmond, OK 73025

Clinic fees: \$50/Stall _____

\$400 for payment before 2/17 - Clinic Fee _____

\$500 for payment after 2/17 – Clinic Fee _____

TOTAL: _____