

Registration Information

Kudzu Klinik: _____

Location: _____

Date: _____

Contact Information:

First Name: _____ Last Name: _____

Membership: ____ Current member (Member # _____) ____ GDCTA membership enclosed

Address: _____

City _____ State _____ Zip _____

Phone: cell _____ home _____

Email _____ @ _____

Preferred Contact method: (circle one) mail cell email

Horse Information:

__ Mare __ Gelding __ Stallion (requires prior approval)

Breed: _____ Name _____

Age _____ Dressage Level _____ Jumping Level _____

Trailer in with another rider? Yes or No Name of rider _____

Fees (checks made payable to GDCTA)

- GDCTA member Rider fee \$20
- GDCTA member Auditor fee \$10

Signed _____ Date _____

Signature of Parent if rider under age 18: _____ Date: _____

Please send: 1) completed registration, 2) check made out to GDCTA, 3) negative coggins, and 4) hold harmless clause to:

Kathy Duffy
GDCTA Kudzu Clinics
16055 Westbrook Rd
Milton, GA 30004
(ph.404-290-9749)