

2009-2010  
Monthly 4H Jumping Clinics  
Registration Form

Novice/Beginner 6:00-6:45

Intermediate/Advanced 7:00-7:45

Rider Name \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_

Parents \_\_\_\_\_

Rider Experience (use extra paper if necessary):

Horse's Name  
\_\_\_\_\_

Age & Breed  
\_\_\_\_\_

Horse's Experience (use extra paper if necessary):

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