

REGISTRATION

George Morris Clinic (Fall 2017)

Friday, Saturday and Sunday, September 22, 23 & 24, 2017

(Please Print in Full)

NAME:	
ADDRESS:	
PHONE(S):	
E-MAIL:	

RIDERS: <u>\$ 950</u> for 3 days

Less than 3 day participation may only be allowed under extraordinary circumstances

Each day includes a full day audit for the rider and \underline{ONE} other person

_____ Group #1: 9 AM – 11 AM 2 ft. – 6 in.

_____ Group #2: 11 AM – 1 PM 3 ft.

_____ Group #3: 2:30 PM – 4:30 PM 3 ft. 6 in. and up

AUDITORS: <u>\$ 100</u> per person per day

DAY #1____ DAY #2 ____ DAY #3 ____

TOTAL AMOUNTS DUE = _____

Please make checks payable to: Persimmon Tree Farm (PTF)

LIABILITY RELEASE(S) MUST BE COMPLETED IN FULL