



Robert Hayes Horsemanship Clinic

(Desensitizing Your Horse with Obstacles)

Sponsored by the 4-H Trailblazer's Horse Club

Clinic to Benefit Blaze's Equine Rescue

Saturday, January 28th, 2017

Silent Auction—Proceeds to go to Blaze's Equine Rescue!
Donate items/Bid on Items!



Used Tack Sale— Proceeds to Benefit the 4-H Trailblazer's. Donate Items or Have the Trailblazer's sell your items. 25% consignment fee for items under \$100—15% for items over \$100

Clinic Schedule: 9:00-Noon Morning Session Noon—1:00 pm Lunch 1:00—4:00 pm Afternoon

- ◆ Sessions last 3 hours. First portion will focus on groundwork with the horse and the second portion will be on horseback navigating obstacles.
- ◆ Maximum Number of 9 Riders in each Session (mixed rider ages). No Stallions. Must be 9 years old to ride in the clinic. Public invited to attend with paid auditing fee.
- ◆ Entries will be accepted on a first received with payment/first serve basis. Full payment required with entry. Waiting list entries refunded day of clinic.
- ◆ Clinic Proceeds to benefit the Blaze's Tribute Equine Rescue—Donations Encouraged
- ◆ To be held at the Cleveland County Fairgrounds, 615 East Robinson Street, Norman, OK.
- ◆ Questions about the clinic, silent auction, or used tack sale? Contact Pamela Byers 405-990-8963

Entry Form

One Form Per Person

Rider/Auditor (Circle One): _____

Address: _____ City: _____ State: _____ Zip: _____

Phone #s: _____ E-mail: _____

If riding - Horse's Name: _____ Riding Preference (check one): _____ AM _____ PM

Riding Fees:	Prepaid Auditing Fees:
_____ \$120 Adult Riding Session	_____ \$20 Adult Auditing Fee
_____ \$80 Youth Riding Session (18 & under)	_____ \$15 Youth Auditing Fee
_____ \$60 4-H Member Riding Session	_____ \$10 4-H Member Auditing Fee

Total Fees: _____

Auditing—At the Door Day of Clinic —Additional \$5

Make Checks Payable to 4-H Foundation

Mail to: Pamela Byers, Gallery Farm, P.O. Box 915, Noble, OK 73068 Phone: (405) 990-8963
Include copy of current Coggins (within one year of clinic date) with entry. Bring original Coggins to clinic.

THIS IS A RELEASE OF LIABILITY. PLEASE READ BEFORE SIGNING:

I am participating in this equestrian sport. I understand that this is a high risk sport. I hereby assume all risks and further do hereby release and hold harmless Cleveland County 4-H Trailblazer's Club, Cleveland County Fairgrounds, and the clinic organizers from liability for negligence resulting in accidents, damage, injury, or illness to myself and to my property, including the horse(s) which I will ride. If under age 20, I agree to wear protective headgear while riding which meets the standards currently imposed by United States Equestrian Association. I have read and do understand and agree to all the above information. My signature below is an affirmation of my agreement.

Rider Signature Date
Guardian Signature, if under 18

Owner or Agent Signature Date