



# Annual Summer Camp

with Yvonn Coleman-Larson & Kathy Eidam @ Tower Hill Farm

**August 7 - 9, 2009**

Entries processed by earliest postmark date; Open June 15 - Closed July 23

CRDA Members will take precedence over Non-Members. Full Summer Campers will take precedence over Individual Clinic Riders

I want to be a Full **Summer Camper**.

**I am a** (circle one)

**Member - \$240**

**Non-Member - \$300**

You will get:

- 1 Semi-Private Lesson with Yvonn on Friday
- 1 Private Lesson with Yvonn on Saturday
- 1 Private Lesson with Kathy on Saturday
- 1 Semi-Private Lesson with Kathy on Sunday

I want to be an Individual **Clinic Rider**

Select the lesson/lessons you wish to take:

(circle each choice's \$ amount under Member/Non-Member columns)

	<b>Member</b>	<b>Non-Member</b>
Semi with Yvonn on Friday	\$55	\$70
Private with Yvonn on Saturday	\$65	\$80
Private with Kathy on Saturday	\$65	\$80
Semi with Kathy on Sunday	\$55	\$70
Total	\$ _____	\$ _____

**Send your Entry & Current Coggins with a Check made out to CRDA to:**

Entries processed by earliest postmark date; Open June 15 - Closed July 23

Suzanne Walker 232 Edge Hill Road Sharon, MA. 02067

~~~~~

**I want to Stable my Horse @ Tower Hill Farm:**

- Friday Day Only \$25
- Saturday Day Only \$25
- Sunday Day Only \$25
- Friday / Friday Overnight/ Saturday - \$50
- Friday / Friday Overnight / Saturday / Saturday Overnight / Sunday - \$75

**Send your Check for Stabling to:**

Barbara Gokey @ Tower Hill Farm Tower Road Mendon, MA. 01756

Charles  
River  
Dressage  
Association



# Annual Summer Camp

with Yvonn Coleman-Larson & Kathy Eidam @ Tower Hill Farm

## August 7 - 9, 2009

Entries processed by earliest postmark date; Open June 15 - Closed July 23

CRDA Members will take precedence over Non-Members. Full Summer Campers will take precedence over Individual Clinic Riders

Rider Name: \_\_\_\_\_ Horses Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Please describe your level of riding and your horse's level of training. \_\_\_\_\_

---

---

---

Name of Rider you are sharing Semi-Privates with (if known)

---

### Cancellation Policy

If cancellation is necessary, the rider is still responsible to pay for their lesson.

If the lesson can be filled, a refund will be issued.

I hereby attend this competition/clinic at my own risk, subject to the rules of Charles River Dressage Association, Apple Knoll Farm, Letter Perfect Farm, Tower Hill Farm and Cutler Farm. I hereby agree to be responsible for any injury or damages that may occur to, or be caused by any animals, vehicles, or trappings, or the loss of any animal, vehicle, or trappings belonging to or exhibited by me. I further agree to be absolutely responsible for the physical condition of any animal under my control or ownership and will also release, indemnify and save harmless the said clinic, camp, managers, volunteers, and Apple Knoll Farm, Letter Perfect Farm, Tower Hill Farm and Cutler Farm from any damage, expense and/or liability arising out of or resulting from any act or omission of the exhibitor, Charles River Dressage Association, Apple Knoll Farm, Letter Perfect Farm, Tower Hill Farm and Cutler Farm, their agents, servants or employees. I certify that all my horse(s) are free from contagious disease. Warning: Under Massachusetts Law, and Equine professional is not liable for any injuries to, or death of, a participant in equine activities, pursuant to chapter 128, section 2D of the general laws.

Rider Signature (Parent or guardian if under 18)

---