

ENTRY FORM
LUCINDA GREEN CLINIC AT GMHA
OCTOBER 9-10, 2019

Rider Name: _____ Email: _____

Phone: _____ Cell: _____

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

Name of Horse: _____ Breed: _____ Age: _____ Height: _____ Sex: _____

Owner of Horse: _____ Email: _____

Phone: _____ Cell: _____

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

Highest level horse has completed: _____ Highest level rider has completed: _____

Last event completed: _____ Date _____ Level _____

Clinic Fee \$ 425

Stabling needed:

Tuesday night October 8th (\$30 GMHA member, \$40 non-member) \$ _____

Wednesday night October 9th (\$30 GMHA member, \$40 non-member) \$ _____

Total enclosed: \$ _____

Make check out to Anna Loschiavo.

Send payment and all required forms to:
Anna Loschiavo
5138 Waits River Rd
Bradford, VT 05033

Questions? Call Anna: 802-274-6289 or
email: aloschiavo11@gmail.com

Complete Entry Checklist:

- ☐ Clinic entry form
- ☐ Proof of negative Coggins within 1 year
- ☐ Proof of rabies vaccine
- ☐ USEA Educational Activities Release Form
- ☐ USEA Medical Release Form
- ☐ GMHA Waiver of Liability