

**Jerry Shurink Clinic Application
April 23, 2011 at UMass, Amherst**

Please complete the attached application and mail to:

Marion Quigley (marjon36@aol.com)

87 Laurel Hill Road

Northport, NY 11768

516 236 9609

Be sure to include:

- 1) Completed application
- 2) Check for \$100 made out to "USEA Area 1 Young Riders"
- 3) LEGIBLE copy of current Coggins
- 4) Health Certificate or Copy of Passport (if you don't have this now, bring to the clinic)
- 6) USEA Activity Release form, signed and completed

Rider Information: (please print CLEARLY)

Name _____ Gender _____
Last _____ First _____ Male/Female

Address _____

Street or PO Box _____ City State _____ Zip _____

Age _____ Birth date _____ USEA Member # _____

Cell Phone _____ Rider Email _____

Parent/Guardian Name: _____

Parent/Guardian email: _____

Horse Information:

Name of Horse: _____

Age: _____ Breed: _____ Sex: _____

Experience:

Last three events completed by the horse/rider combination to attend camp:

Event	Level	Date	Horse	XC Penalties
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

Highest level of competition you have completed? _____

Highest level of competition the horse attending camp has completed? _____

Please list the instructors you have worked with in the past year.

Please list other horsemanship experience (Pony Club, 4H, working student) on back of page.