

## **WILL COLEMAN JUMPING CLINIC**

Rider Registration Form

Sunday March 18th, 2012

Cost \$100 for VADA and MSPC members, \$125 for nonmembers

Join us for this unique opportunity to ride and learn with Will Coleman. Will has been competing at the upper levels of eventing for more than a decade including successful runs at Rolex, Badminton, Burghley, and Bromont. He has trained young horses through upper levels and teaches both adults and juniors at his Tivoli Farm in Gordonsville VA. Read more about Will at [www.willcolemanequestrian.com](http://www.willcolemanequestrian.com).

*This clinic is a fund raising event for the Charlottesville chapter of the Virginia Area Dressage Association (VADA) and the Mountain Skyline Pony Club (MSPC)*

Location: Chapel Springs Farm, 2787 CS Farm Road, Free Union VA

If the weather does not permit riding outside the clinic will be moved to the indoor arena at Toad Hollow Farm in Crozet VA for gymnastics and jumping exercises. Riders will be notified of this decision by noon on Saturday via email (please provide you email on your entry!).

Each rider will be permitted to bring one auditor at no charge. Additional auditors are welcome and encouraged. The charge per auditor will be \$25.

Lunch will be available on site.

### **Clinic Format and Information:**

- Groups of five riders will ride for two hours. Groups will be divided based on jumping height specified by riders on entry form.
- Riders will have access to cross country jumps in a large field at Chapel Springs Farm or show jumps at Toad Hollow Farm.
- Cash or check made out to MSPC should be submitted with entry.
- Riders who must cancel will receive a refund ONLY in the event their spot is filled from the waiting list.
- Entry must include a current negative Coggins.

**Please send entries to:**

Renee Shifflett

Toad Hollow Farm

4333 Cannon Brook Way

Charlottesville VA 22901.

For questions related to the clinic, please contact Renee Shifflett at 434.989.2491 or by email shiffletts@embarqmail.com

**RIDER INFORMATION**

Name:

Email address:

Are you a junior/young rider/adult? (circle one)

Are you a member of VADA ? yes/no (circle one)

Are you a member of MSPC? yes/no (circle one) current USPC rating:

Address:

City:

State:

Zip:

Home Phone:

Cell Phone:

Coach/Trainer:

The clinic will run from 9am to 3:45. If you have any time limitations/preferences please note here. We will accommodate them if possible.

**HORSE INFORMATION**

Name:

Breed:

Gender:

Height:

Age:

Please tell us about the experience level of you and your horse:

How long have you been riding this horse?

What height/level do you jump while @ home training?

What is your primary discipline (eventing, jumpers, foxhunting, etc)?

What are your goals with your horse for this year?