

# Anita Adams

## DRESSAGE CLINIC

Monday, March 23 - Thursday, March 26, 2026

Participant Name: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Phone: (     )     -     Email: \_\_\_\_\_

|                      |                                                  |                              |                              |                              |          |
|----------------------|--------------------------------------------------|------------------------------|------------------------------|------------------------------|----------|
| Riding Sessions:     | 1 day = \$275.00                                 | 2 days = \$550               | 3 days = \$825               | 4 days = \$1100              | \$ _____ |
| Pick days attending: | Mon <input type="checkbox"/>                     | Tue <input type="checkbox"/> | Wed <input type="checkbox"/> | Thu <input type="checkbox"/> |          |
| Stabling:            | \$35 / day. Self-care. Trailer parking available |                              |                              |                              | \$ _____ |
| Video:               | Available. Pay at clinic                         |                              |                              |                              | \$ _____ |
| Spectators:          | \$50 / day                                       |                              |                              |                              | \$ _____ |
| Deposit:             | 50% of above fees paid on registration.          |                              |                              |                              | \$ _____ |

Amount enclosed: \$ \_\_\_\_\_

Balance due on arrival: \$ \_\_\_\_\_

PLEASE SEND PAYMENT AS SOON AS POSSIBLE TO RESERVE YOUR PLACE - **NO REFUNDS, NO EXCEPTIONS.**  
NO PETS. Thank you for your understanding.

### LIABILITY WAIVER:

I hereby agree that Highland Stables, Highland Stables owners or management, the management of the clinic or any personnel associated with the clinic are not responsible for any injury to me or my horse, or any loss or damage to my property. Signing this registration form is acceptance of this waiver.

\_\_\_\_\_  
Rider Signature

\_\_\_\_\_  
Parent Signature (if rider is under 18)

\_\_\_\_\_  
Date

Please mail registration forms and direct questions or comments to:

Martine Baccelleiri  
Highland Stables  
P.O. Box 704  
Beavercreek, OR 97004

ph: (503) 632-4740   mobile: (503) 780-0548   email: fmmebacc@comcast.net   web: [www.highlandstables.net](http://www.highlandstables.net)