Anita Adams

DRESSAGE CLINIC

Monday, June 15 - Thursday, June 18, 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 ☐	Tue ☐	Wed ☐	Thu ☐	
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