



HEARTLAND REGION CLINIC

Date: 2/9/2008

What: Leg Dissection – C1 & up first priority

Location: Purdue University

Cost: \$15.00 Made Payable to Heartland Region

Schedule: 9 a.m. to 2 p.m.

Send to: Robin Ridgway

3614 E 200 N

Lafayette, IN 47905

My home phone is 765-742-8108, work 765-496-6405, cell 765-490-1167

Name _____ Horse _____ n/a _____

Address:

City _____ State _____ Zip _____

Rating _____ Age _____ Club _____

E-mail: _____ Phone # for messages _____

Comments: _____

(If you have time or riding requests please advise.)

PLEASE MAKE RESERVATIONS BY 2/1/2008

I understand PU (facility), USPC, its officers, the clinic organizer, or anyone connected with the clinic will not be responsible for any accident, losses, or injury to me, my horse, or my property. I will not hold the above liable for any loss, accident or injury.

WARNING: UNDER INDIANA LAW, AN EQUINE PROFESSIONAL IS NOT LIABLE FOR INJURY TO, OR DEATH OF, A PARTICIPANT IN EQUINE ACTIVITIES RESULTING FROM THE INHERENT RISK OF EQUINE ACTIVITIES.

Exhibitor's Signature: _____

(Rider's under age 18 must have parent or guardian signature)