

**JULIE WINKEL CLINIC REGISTRATION FORM**  
**May 15<sup>th</sup> & 16<sup>th</sup>, 2021**

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

E-mail: \_\_\_\_\_ Phone# \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Registration fees: Each rider's fees will include auditor passes for the rider and one guest.  
We will not be serving Breakfast or lunch at this clinic due to the Covid-19

- CLINIC FEE                    \$ 475.00 before 4/1/2021 - \$525.00 after 4/1/2021
- STALL                                \$ 75.00 – Weekend
- AUDIT – 1 DAY                    \$ 40.00
- AUDIT – 2 DAYS                    \$ 80.00

TOTAL AMOUNT DUE: \$ \_\_\_\_\_

1/2 down due for the Julie Winkel clinic \$ \_\_\_\_\_ ck# \_\_\_\_\_

\*\*\* New this year payment through PayPal @ [rbrad10172@msn.com](mailto:rbrad10172@msn.com) - Friend and Family only – Otherwise you will be responsible for the associated fees from Paypal.

The deposit is non-refundable for any reason. Do not ask for it back. Reserved space will be assigned on a first-come, first-serve choice basis, depending on skill level. If your requested section is filled you will be given an option to ride in a different section or your deposit will be refunded in full. A letter of confirmation will be sent to you with-in two weeks prior to the clinic with more information about the clinic. Make sure when picking a level that it doesn't over face your horse's ability or yours. The clinician also has the right to change the fences heights per section.

**CLINIC SECTIONS – 1 1/2 hours session each day**

- 2' – 2'3" – One session
- 2'6 – 2'9" – Two sessions
- 3' – 3'6" – One session

Please take note: 1994 PUBLIC ACT HOUSE BILL NO. 5006:

**Warning: Under the Michigan Equine Activity Liability Act, an Equine Professional is not liable for an injury to or the death of a participant in an equine activity resulting from an inherent ride of the equine activity.**

**I HAVE READ AND UNDERSTAND THIS REGISTRATION AND AGREE TO ITS TERMS.**

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Participant (or of Parent, if the Participant is under the age of 18)

Please make checks payable to: Alpine Ridge Farms and send to Alpine Ridge Farms C/o Becky Bradley – 604 – 10 Mile Rd NW., Sparta, MI 49345