



USPC Sunshine Region Clinic Form



Clinic Information

Complete: Clinic Date(s): _____ Location: _____

Check Which Apply:

_____ C2 and Up Clinic _____ Mounted _____ Unmounted

_____ Upper Level Clinic _____ Mounted _____ Unmounted

_____ Groundwork Clinic _____ Bringing horse _____ Using clinic horse

Participant Information

Name: _____ Rating: _____ Date Earned: _____

Address: _____

Telephone: _____ E-mail: _____

Pony Club: _____

Planning to rate? Yes _____ No _____

If yes, when? _____ To What Level? _____

If bringing a horse,

Horse's Name: _____

Optional: Is there anything you would like us to know to help you have a useful clinic experience? If so, please describe on the back of this sheet.

Clinic Fees: C2 and Up Clinics:

\$150 Mounted

\$125 Mounted (A Candidates only)

\$100 Unmounted

Upper Level Clinics: \$75 per day

Groundwork Clinics: Fee to be announced

Late Fee (all clinics): \$25.00

Clinic Forms: Clinic Form

USPC Competitor's Activity & Rally Release

Medical Release (**send one and have one with you**)

Copy of current Coggins (if bringing a horse)

Send these forms along with check payable to Sunshine Region Pony Clubs to:

Deb Brown, VRS Ratings

21732 CR 561

Clermont, FL 34715

If you have any questions, please contact Deb Brown.

(352) 223-3461 cell

(352) 394-8694 home

debbrown53@rocketmail.com