

JIM KOFFORD CLINIC  
AUDITOR APPLICATION

August 7-8, 2021

Name: \_\_\_\_\_ VADA-CH # \_\_\_\_\_.

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

Age (Jr/YR) \_\_\_\_\_

Telephone (day) \_\_\_\_\_ (night) \_\_\_\_\_

E-mail: \_\_\_\_\_

Auditor Cost: \$10 per day for VADA-CH member or any Chapter's Junior Young Rider for lunch.  
\$25 per day or \$40 for entire weekend if non-VADA-CH member includes lunch.

Please send this application and auditor liability waiver form (available on VADACH.org) and check (payable to VADA-CH) to:

Sherri Booye  
721 Lake Road  
Troy, VA 22974  
434-962-4115  
[nizra@earthlink.net](mailto:nizra@earthlink.net)

Because mail service is iffy - you can email Sherri a copy of your application and check so she knows to look for it.

**\* Application Deadline is July 24, 2021.**

Payment Information: Fees Include Lunch

1 day	VADA-CH member \$10 _____	Non-VADA-CH member \$25 _____
2 days	VADA-CH member \$20 _____	Non-VADA-CH member \$40 _____

Amount Paid: \_\_\_\_\_

Total: \$ \_\_\_\_\_