

JIM KOFFORD CLINIC
RIDER APPLICATION
August 7-8, 2021

Name: _____ VADA-CH # _____.

Address: _____

___ Professional ___ Amateur ___ Jr/YR Age (Jr/YR) _____

Telephone (day) _____ (night) _____

E-mail: _____

Horse's Name: _____

Breed: _____ Sex: _____ Age: _____ Height: _____

Current level(s): (competing) _____ (schooling) _____

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

Stabling: Yes ___ No ___ No. of Days _____ \$25/day

Total Amount Included for Stabling: \$ _____

I would like my horse to be fed from the feed baggies I provide Yes ___ No ___

I would like hay provided by Old Raptor Farm Yes ___ No ___

I would like overnight accommodation for my horse Yes ___ No ___

Fee:

1 day VADA-CH Member ___ \$100 Non-VADA-CH Member ___ \$160

2 days VADA-CH Member ___ \$200 Non-VADA-CH Member ___ \$320

Send Rider Application, all required documents (Coggins, Vaccine form, rider liability waiver), and check made out to **VADA-CH** to Sherri Booye, 721 Lake Rd, Troy, VA 22974 by July 24.

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