

Chris Ellsworth Clinic October 12-13  
Entry Form

Rider's name \_\_\_\_\_

Auditor's name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Horse's name \_\_\_\_\_

Entry fee MHA members \$450 \_\_\_\_\_

Non members \$500 \_\_\_\_\_

Auditor's fee \$35 one day  
\$60 two days \_\_\_\_\_

Overnight Boarding \$25 \_\_\_\_\_

Total Due \_\_\_\_\_

Deposit of \$50 required to hold participant's spot

All Entries include lunch each day.

Please make checks out to  
MHA and mail by Sept 30 to  
PO Box 93, Moraga CA 94556

MHA Chris Ellsworth Clinic October 12-13, 2024

Paypal

