



The New York State Morgan Horse Society
 Eastern District
 Summer Sporthorse Weekend
 Open to all breeds. Beginners welcome.

Registration Form

Venue Address: Stockade Polo and Saddle Club, 505 Sacandaga Rd., Glenville, NY 12302

Name: _____ Email: _____

Address: _____

Cell phone: _____

NYSMHS Member? _____ Horse Breed/Age _____

Driving/Riding
 Experience: _____

	NYSMHS member	Non-member
Full Weekend	\$185	\$200
One Day (riders)	\$85	\$100
One Day (drivers)	\$110	\$125
Auditors (no horse)	\$35 per day	\$50 per day

Saturday's schedule includes seminars and fix-a-test/lessons.

Sunday's schedule includes practice combined test and fix-a-test/lessons.

*Clinic fees include up to two lunch tickets per day for participant and a helper. Additional lunch tickets may be purchased for \$10 each. Auditor fee includes one lunch ticket. Vegetarian options will be available each day.

Stabling

Stabling opens Friday, June 16th, at 3:00 pm.

Horse stalls cost \$75 per stall for the weekend and include initial bedding. Additional bedding will be available for purchase.

Day Stalls available for \$40 per stall.

Tack Stalls cost \$20 per stall for the weekend.

Stalls must be stripped and inspected prior to departure; please include a \$50 cleaning deposit (separate check, made out to Stockade Polo & Saddle Club). Stall cleaning deposits will be returned or destroyed after inspection.

Full weekend \$ _____
One Day (rider) \$ _____ (Saturday or Sunday – choose one)
One Day (driver) \$ _____ (Saturday or Sunday – choose one)
Auditor \$ _____ (Saturday, Sunday, or both)

Stalls: # of horse stalls ____ @ \$75 each \$ _____
of tack stalls ____ @ \$20 each \$ _____
Separate stall cleaning deposit included? _____ (\$50 check per horse stall payable to Stockade Polo and Saddle Club)

Additional lunch tickets _____ @ \$10 each \$ _____

Total: \$ _____ (Make checks [**except stall deposits**] payable to **NYSMHS**)

*****Current Coggins and Rabies certificate required for all equines*****
Coggins included? _____ Rabies included? _____

Dressage Riders –Indicate Test for Fix-a-Test _____
Dressage Riders – Indicate your day preference for your fix-a-test SAT /SUN
(every effort will be made to accommodate your preference, but the number of participants may be the deciding factor)

Drivers –Indicate one test for your practice CT (one training *or* one prelim) _____

Please mail this form and required fees/paperwork by BY JUNE 6th, 2023 to:

Gina Handy, 22 Willow Street, Gloversville, NY 12078

A list of nearby hotels and restaurants is available upon request.
Rough camping is allowed on the grounds (limited hookups, no sewer).

RELEASE (must be completed by all riders/drivers)

I acknowledge that horse activities involve inherent risk of harm and that I am participating voluntarily in this clinic. I hereby expressly assume any and all risks of injury or loss and agree to hold the New York State Morgan Horse Society, its officers, directors and members, Stockade Polo and Saddle Club, Inc, its owners, and all volunteers harmless of any injury or loss suffered during or in connection with this clinic, whether or not such injury or loss resulted directly from the acts or omissions of said officers, directors, or members of the New York State Morgan Horse Society, the owners of Stockade Polo and Saddle Club, or any volunteer. I understand ASTM/SEI approved headgear must be worn at all times while the horse is being exercised, ridden, or driven.

Rider/Driver's signature: _____ Date: _____

Parent's signature, if under 18 years of age: _____