

## Chris Ellsworth clinic Entry Form

Rider's Name \_\_\_\_\_

Auditor's Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Horse's Name \_\_\_\_\_

Entry Fee                      \$350

MHA Membership              \$45

Auditor's fee                  \$30 per day or \$50 for the weekend

Overnight boarding            \$25

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

Please make checks payable to MHA and send by May 15th to PO  
Box 93, Moraga, CA 945596