



**Workshop for Drivers
with Goals
Tracey Morgan &
Sarah Dalton-Morris**

May 7, 8 & 9, 2010

This workshop is limited to twelve drivers. To reserve a place, complete the form and enclose a deposit of \$100. If you are unable to attend and your place can be filled, your money will be refunded. Complete payments is required by April 7, 2010. Refunds will only be given if the place can be filled. There will be a waiting list maintained.

| | | | |
|---------|-----|--|--|
| Name | | Phone | |
| Address | | E-mail | |
| City | | SDA Member <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| State | Zip | <input type="checkbox"/> Senior (18+) <input type="checkbox"/> Junior (under 18) | |

| Horse #1 Information | | |
|--|-------|---|
| Name | Color | Breed |
| <input type="checkbox"/> Mare <input type="checkbox"/> Gelding <input type="checkbox"/> Stallion | Age | <input type="checkbox"/> Coggins Cert. Enclosed |
| Horse #2 Information | | |
| Name | Color | Breed |
| <input type="checkbox"/> Mare <input type="checkbox"/> Gelding <input type="checkbox"/> Stallion | Age | <input type="checkbox"/> Coggins Cert. Enclosed |

| Stabling Information | |
|----------------------|------------------|
| Arrival Date & Time | Depart Date |
| Stable With | Stabling Request |

| Horse Owner Information (if different from above) | |
|---|--------|
| Name | Phone |
| Address | St Zip |

SDA / Great Vista Farm Driving Workshop Fee

Will you be camping on grounds?

We are looking into planning food for the weekend, which may be an additional cost. Do you have special dietary needs? Please specify.

| | | |
|---|----------|--|
| SDA Membership for 2010 | \$25 | |
| Workshop Fee (Deposit of \$100 due with reservation - remainder due April 7) | \$300 | |
| Stall Fee (x number of equines) | \$50/ea. | |
| Total Enclosed | | |

Please make checks payable to SDA
Mail to: Carol Frank, 14 Collegeview Drive, Albany NY 12211

Use of the facility constitutes an acceptance of this agreement. Failure to sign and acknowledge this waiver will qualify an individual as a trespasser. I state that I understand there is an inherent risk involved in the participation in horse sports and activities. I therefore agree to hold neither Saratoga Driving Association, Great Vista Farm, any officers, committees, property owners nor any other group or individual responsible for any accidents, damage, injury or illness to horses, owners, riders, drivers, employees, attendants or any other person or property in connection with this event, my use of Great Vista Farm or its surrounding areas. I hereby agree for myself and my representatives to be bound by this, and use the facility an area at my own risk.

Signature
(All entries must be signed)

(Parent's signature if under 18)

REMINDER: A 2009/2010 negative Coggins certificate is required to be filed with this entry.

Horse & Driver Experience

Please answer the questions below to the best of your ability.

Please briefly explain your driving experience(s)?

Briefly explain your horses driving experience.

Are you currently competing? If yes, at which level/what type of events? With this horse?

How often/with whom do you take lessons?

What are your areas of difficulty?

What are your areas of strength?

Do you or your horse have any physical problems or injuries the clinician should be aware of?

Are there any specific considerations you would request regarding scheduling/stabling or instruction?

What do you hope to gain from attending this clinic?